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ABSTRACT

Investigating a family intervention approach coordinating psychiatric social work services and development planning by day care center staff, a short-term longitudinal study was made of children and their families from entry into preschool day care through participation in kindergarten and primary grades. Of the 105 preschool children studied, 60 attended the Culver City Children's Center (CCCC) and 45 attended a comparable, geographically distant center that differed from the CCCC in not providing social work services to families. From entry to the 24-month point, daily and at least weekly process data were collected on each family and each child; cross-sectional assessments were also regularly made at the entry point, after 6 weeks, and after 5, 12, and 24 months. Ratings of the child's development were supplemented by various test assessments. Once children were in kindergarten or primary grades, teachers assessed them twice each school year on 16 behavioral ratings. Cross-sectional assessments for the comparison center families and children were made available. Depending on the year of project operation, social workers used psychoanalytically oriented techniques with families in one of three different parent interventions: open-ended, problem-oriented, or consultative with selective use of social work services. Attempts were made to assist children of single working welfare mothers, who were at risk for adapting unsuccessfully to kindergarten. (RH)

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Vol. I

PRELIMINARY FINAL REPORT

OFFICE OF CHILD DEVELOPMENT GRANT #48

CHANGE IN PARENT AND CHILD:
AIDING AT RISK CHILDREN
THROUGH
PSYCHOANALYTIC SOCIAL WORK WITH THEIR PARENTS

by

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PART I. AIMS AND BACKGROUND

CHAPTER 1: THE AIMS AND A BRIEF HISTORY OF THE PROJECT

At the time of the planning of this study in 1968, the predominant effort to give the less advantaged child a "head start" was still directed at the child himself in the form of carefully structured curricula. Impressed by both the initial gains in I.Q. produced by such preschool programs and the return to starting levels of I.Q. once the program ceased, we asked what type of intervention would not only bring about developmental gains but also sustain such gains once the intervention ceased. Already at that time much research pointed to the association between the quality of parent functioning and the quality of child development, and it followed that improving the nature of the parent-child functioning might both enhance and sustain the child's development. (See Chapter 2 for the review of this literature.

Previous research (see Heinicke, 1976, for review) had also shown that variations in the child's task orientation during the preschool years were predictive of later I.Q. and academic achievement test scores and therefore, while stressing the importance of assessing several aspects of the total social-emotional-cognitive development of the child, particular focus was placed on what we call "task orientation" defined as: The ability to engage, persist, produce, and experience pleasure and pride in a task, such as making a collage or listening to the teacher reading a book.

There are clearly many different ways of making an impact on the parent-child interrelationship. The family intervention approach used here involved the services of a psychiatric social worker and the careful coordination of this service to the family with the development planning done for each preschool child by the Director and staff at the day care center which the children were attending. The social workers employed psychoanalytically oriented techniques with the parents. Three different approaches were defined and were initiated respectively in the first, second, and third year of the project: The open-ended approach, the problem oriented approach, and consultation and selective use of social work services. (Chapters 3, 4 and 5 describe the above in detail.)

Within this general strategy of intervention, certain specific aims were defined initially and further refined during the course of the study:

1. What is the differential impact of the open-ended (interpretive and supportive), problem oriented, and consultative psychoanalytic social work approaches on:

   a. Indices of the functioning of the parent as a person?
   b. Indices of the parent-child relationship?
   c. Indices of the child's development in the age interval 3 to 5?

2. How does the development of the following matched contrast or control groups differ from the above treatment groups?

   a. Those families that were not offered social work services.

   b. Those families that were offered the services but could not utilize them.

   c. Those families that were assessed as not needing social work services.

3. What is the development of both parents and child?

   a. During the first year in grade school, namely in kindergarten, and
   b. During the first and second year after they have ceased participation in the program.

4. For how long a period of time does the family have to participate in a particular treatment approach before a sustained impact is observable in both parent and child?

In order to realize the above aims certain data analysis was necessary and this allowed formulation of certain further aims:

5. What is the intercorrelation of the measures available on the preschool child and those available on the parent-child relationship?

As already indicated, much research had posited that variations in the parent-child relationship tend to be correlated with independently derived measures on the child. Chapter 2 reviews this literature and summarizes the findings in terms of a set of hypotheses about the nature of these interrelationships. Chapter 3 describes the setting of the study and the nature of the families involved; it outlines the procedures followed with the preschool children and briefly describes the study-evaluation component.

Chapter 4 describes the nature of the preschool program and Chapter 5 defines and illustrates the particular social work approaches used in this study. This as well as the case illustrations given in Part VI of this report are extensive but will be of particular interest to those wishing to pursue the details of the changes that occurred in the family and the child.

Chapters 6, 7 and 8 describe the methods of data collection and data analysis and take up questions of design. Chapter 9 presents the findings of the intercorrelational analysis of both the parent-child and child variables.

Chapters 10 and 11 present the data on the impact of parent membership in a certain treatment or intervention group on the functioning of the parent as a person, on the parent-child functioning and on the trends in the child's development.

Chapter 12 presents the initial follow-up data and Chapter 13 presents a summary of the findings as well as some initial interpretations of these findings.

In addition to the empirical and theoretical issues which we wished to pursue, the project addressed itself to a problem of which we had become aware while serving as consultants to the Culver City School District. A principal of a particular elementary school had pointed out that families consisting of single, working, welfare mothers were "at risk" in that their children often could not successfully adapt to kindergarten. A preliminary survey supported his contention and also revealed that the proportion of families in this community who were on welfare was accelerating greatly. We thus saw an opportunity of aiding "at risk" families and felt it to be essential to intervene considerably before entry into kindergarten.

This practical question raises the larger issue of what type of intervention at what time point with what type of family-child functioning is likely to be most effective. We assumed at the beginning of our project and would still hold to the position that there is no one point of intervention even if one is dealing with a fairly specified population and developmental problem. As will be seen for a large percentage of the population dealt with in this study, certain treatment approaches to the parents carefully integrated with a developmentally oriented preschool curriculum were effective in aiding "at risk" children to develop their potential. There was, however, a subgroup of those parents who could not utilize the psychoanalytic social work offered and where we concluded that earlier intervention, even during pregnancy, might indeed be effective.

Fortunately, both the Culver City community and specifically the Board of Education were receptive to developing a day care center which would be administered by the School District under contract with the California State Department of Education. Two bungalows were renovated to form four classrooms, a kitchen, various offices, bathrooms, and a large playground. Nearby parks and other public institutions allow for a variety of programming. Staffing the program in 1971 and the initiation of the demonstration project coincided and resulted in an excellent working collaboration. Critical was the constant support of Dr. Anita Mitchell, who was at that time Superintendant for Special Services. A change of director for the Center itself occurred after one year of operation, but since then staff turnover has been mimimal.

CHAPTER 2: REVIEW OF THE RESEARCH LITERATURE[1]

In this chapter we cite two bodies of previous research to provide further background for the study to be reported here. The first type of study relates to the association between styles of parent-child interaction and the child's development (See Heinicke and Strassmann, 1975). The second explores the type of early intervention that has to date been found to be successful in aiding the child's development (See Bronfenbrenner, 1974).

I. RESEARCH ON THE ASSOCIATION BETWEEN PARENT-CHILD INTERACTION AND THE CHILD'S DEVELOPMENT

In the review of the literature on the association between styles of parent-child interaction and the child's development we wanted not only to provide the background for our own findings in this regard at ages 3 through 5, but wanted also to depict the trend in these associations from birth onward. To understand the child's development at age three it is in this case necessary to look at developments up to this point. We found indeed that previous research findings support the hypothesis that already at six months as well as in preschool the child's variations in goal directedness or task orientation, as well as other indices of adaptation, do correlate significantly with certain similar clusters of parent-child interaction. We therefore developed a theoretical framework that helped us to

[1] This chapter was written by Christoph Heinicke and Larry Strassmann

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understand these associations at both developmental points. This framework will be briefly outlined in our summary chapter.

A. Patterns of Parent-Child Interaction and the Child's Development.

The association between styles of parent-child interaction and the child's development has been of interest since the inception of systematic child development research (Baldwin, 1945; Sears, et al., 1957) and various reviews are available (Freeberg and Payne, 1967). Our own review (Heinicke and Strassmann, 1975) covers the first seven years of life and is divided into the age intervals of birth to 1 year of age, 1 to 3 years of age, and 3 to 7 years of age. The format was to describe the child measures in relation to the following heuristic headings: Indices of general adaptation, cognitive development, task orientation, person involvement and language development. The parent-child interaction variables were organized in relation to the following headings as empirically derived from the studies themselves:

1. The Quality and Quantity of the Parent's Affection for the Child.
2. The Parent's Responsiveness to the Needs of the Child.
3. The Parent's Capacity to Maintain an Organized Set of Environmental Sequences.
4. The Extent of Clarity in the Parent's Communication.
5. The Extent to which the Parent Provides the Child a Stimulating Environment.

6. The Parent's Tendency to Set Standards for Achievement and to Use Sanctions to Achieve such Standards.

7. The Extent and Consistency of the Limits Set by the Parent.

The third aspect of the format of the review was to study the intercorrelation of the child variables, the intercorrelation of the parent-child variables, and how in turn these two sets of variables correlated with each other.

Findings for the Interval: Birth to 1 Year.

For the age span from birth to one year of age, the following research was reviewed: Brody and Axelrad (1970), Brody, Axelrad, and Morrow (1974); Yarrow (1963, 1967); and Bell and Ainsworth (1972). We confined our review to studies employing the most adequate methodology. It may well be that important work was overlooked; for this we apologize in advance. The research reviewed does permit the following statements for the first year of life:

1. That by six weeks and, even more strikingly, by six months a cluster of child variables is associated with a cluster of parent variables.

2. The absence of such patterns of correlations at or shortly after birth as well as the lack of association between later differences and early differences in Agpar scores, activity level, or sex of child, suggests that the parent variations make a significant impact on the child. Correlational

analyses by Bell and Ainsworth (1972) further support inferring a direction of causation from parent to child. These analyses as well as other research also support the notion that in the parent-child interaction, the child also influences the parent (Bell, 1971).

3. While the association of clusters of child and clusters of parent variables must constantly be stressed, certain specific associations are worthy of special mention. In all three pieces of research, the responsiveness of the parent to the child's need and the efficiency or effectiveness of reducing the child's need or distress was correlated with such general indications of adaptation as I.Q., crying, and handling stress. The speed of the mother's response was apparently not as highly associated with infant behavior as was the effectiveness or sensitivity of that response.

4. Two of the projects (Brody-Axelrad (1970) and Yarrow (1963, 1967) also show that another important ingredient in the total maternal variables cluster is the stimulation provided by the parent for new learning and mastery. Brody and Axelrad (1970) speak of the moderate control that includes encouraging the infant's initiative, and Yarrow (1963, 1967) specifically speaks of various forms of stimulation. Certain of the general child indices such as I.Q. and handling stress are again specifically related to these variables. (See particularly the work of Yarrow, 1963.)

5. While it must again be stressed that the findings suggest that both the child and parent variables all tend to be intercorrelated, certain variables associated here with task orientation seemed outstanding in the

extent to which they were associated with the different clusters (types) of maternal functioning. Thus, for example, those infants who at six months showed a better attention span, more exploratory behavior, and greater resourcefulness and sustained interest in a task, tended to have mothers whose behavior was responsive (empathic), efficient, developmentally stimulating, and affectionately accepting.

6. The associations between infant variables indicating person involvement and certain parent variables were less striking but also present. Thus, Brody and Axelrad (1970) found that Maternal Type I had infants who at one year showed more pleasure in persons as well as separating more easily from their mothers. Similarly, Yarrow (1963, 1967) found that sociability at six months was correlated with the mother's positive emotional expression.

Findings for the Interval: 1 to 3 years.

For the age range from one to three years our review concentrated on the research of Clarke-Stewart (1973), White and Watts (1973), Kagan and Moss (1962), and Schaeffer and Bayley (1963). The research veviewed permits the following conclusions:

1. That as for the second half of the first year of life, a cluster of child variables is strongly associated with a cluster of parent-child variables.

2. The child cluster again includes measures of general adaptation (I.Q.), cognition (schema development), task orientation (attentiveness),

and person involvement (secure attachment to mother). Reflecting the age, language now becomes an additional variable correlated with the cluster. Furthermore, as before, irritability and crying is negatively associated with this cluster.

3. The Schaeffer-Bayley (1963) and the White and Watts (1973) studies stress the importance of task orientation variables not only in differentiating the children during this age span but in anticipating future competence. Thus, 10 to 12 months ratings of rapid-active, which the reviewers see as a distractibility index, correlate negatively with the intercorrelated cluster of such variables as friendliness, cooperativeness, attentiveness, facility, exerts efforts, not distractible, systematic and valid test from the age of 27 months to 12 years. That the love-hostility dimension of this study is also correlated with these child clusters makes it of particular interest. Thus, early maternal hostility is related positively to the boy's rapidity and activity while the greater the love the greater the positive behavior.

4. In regard to the specific dimensions of the maternal variable clus-er which correlate with the child cluster, affection, responsiveness, efficiency, clear communication and various forms of stimulation again stand out. There is relatively less emphasis on standards for achievement or strict limit setting.

Findings for the Interval: 3 to 7 Years.

For the three to seven year span the work of Brody, Axelrad and Morrow (1974); Kagan and Moss (1962); Schaeffer and Bayley (1963); and Baumrind (1967) was reviewed. The following conclusions are supported by this evidence.

1. That as for the time span from 6 to 12 months, and 1 to 3 years, a cluster of child variables is strongly associated with a cluster of parent-child variables.

2. The child cluster again includes measures of general adaptation (I.Q., vulnerability to stress, dysphoria), cognition (cathexis of ideas), task orientation (explores environment, attentiveness), person involvement (peer relations, affiliative, friendliness) and measured language and related skills. In addition, and no doubt reflecting the new development of this age, there were indices, especially in the Baumrind (1967) study, of the child's move toward self-reliance and psychological separation into new environments, and also such developing characteristics as self-control.

3. All of the studies stress the importance of task orientation variables as part of this cluster and all three of the longitudinal studies indicate the power of these task variables in predicting later intellectual as well as social-emotional functioning. According to the Schaeffer-Bayley study (1963) this finding applies particularly to the boys and less so for the girls. Further study is needed to clarify the sex differences and also to determine when the task orientation variables first predict later intellec-

tual and social-emotional indices. Brody and Axelrad (1970) suggest it is 6 months, Schaeffer and Bayley (1963) at 10 to 12 months, and Kagan and Moss (1962) during the interval from 3 to 6 years.

4. In regard to the specific variables in the maternal cluster, affection-hostility, responsiveness (as measured in a great variety of ways), efficiency in meeting the child's needs, clear communication, and various forms of stimulation are again important. Moving the child to greater autonomy and new experiences are now more prominent members of the cluster as noted by various authors under the headings of: maturity demands, moving the child to new experiences, acceleration, and autonomy-control.

B. Discussion of the Findings on Patterns of Parent-Child Interaction and the Child's Development.

It was recognized that generalization based on the above research must be made with caution. Comparisons are difficult because populations differ and the meaning of behaviors sampled differ not only between studies but within studies over the longitudinal time periods. Thus, heightened activity in a child who does not walk yet may reflect anxiety, while comparable activity in the walking child may reflect adaptive moving into the environment.

While the bulk of the research supports the general assumption of parent impact on the child and vice versa, more needs to be known about the precise nature of this impact. Some findings are contradictory and others need clarification; thus, the differential impact of parenting on the two sexes needs much further research.

In this context it is important to stress that there is little systematic information on the impact of the father on his child's development. It is reasonable to assume that in many instances the direction the child's development takes is a function of the combined impact of the mother-father-child interrelationships. It is also increasingly apparent that all those caretakers making a significant impact on the child must be included in one's conceptualization and observations.

One may also object to the molar nature of the parent-child dimensions being used in this research. First of all, it is important to note that certain studies such as Clark-Stewart (1973) started with fairly molecular units of observation and still ultimately arrived at molar abstractions very similar to ones used by others in the first place. In efforts to correlate parent-child and child functioning, such an abstraction as the parent's affection for the child may indeed be an efficient one.

Since the writing of our review (Heinicke and Strassmann, 1975) and the summary of the findings based on that review, further research by Yarrow, Rubenstein and Pederson (1975) has come to our attention. In certain respects it provides important material for the critique of the conclusions given avove and in other respects it gives further support to those conclusions. Their findings provide new information on the association between specific aspects of the mother-child interaction and specific aspects of the six-month-old infant. Thus, social stimulation is separated into different modalities: Tactile, kinesthetic, visual, and auditory. The last two of these representing distance receptor stimulation are correlated only with social responsiveness in the infant while the first two, and especially kinesthetic stimulation such as rocking, is related to a number of social and cognitive-motivational characteristics. The authors also stress, however, that stimulation of any kind must be seen as optimal in relation to the context and functioning of the infant. It is very possible that the more global ratings of the mother's stimulation of the child used in other research did tap differences in optimal stimulation, and thus correlations with infant functioning were obtained. Few authors have, however, previously obtained such impressive findings stressing the importance to the infant of kinesthetic stimulation.

Another example of the value of more specific measures of the mother-child interaction is their finding of a high correlation between "responsiveness of inanimate objects" present in the infant's environment and "secondary circular reactions." Inanimate objects that are responsive in the sense of moving when touched or making a noise tend to favor the child "making interesting spectacles occur."

More than most previous research, Yarrow, Rubenstein and Pederson (1975) have stressed and generated findings relating to the inanimate environment. The effect on infant development of the following three characteristics of play objects were carefully studied: Variety or the number of different play objects, their responsiveness or feedback potential, and their complexity. It was especially those environments that contained a variety of play objects that also promoted the development of the infants in that environment. These findings then stress the importance of looking both at the social and inanimate environment of the infant.

In certain respects the results of these authors confirm previous research. It is striking that correlations of .50 and .60 could be obtained on the basis of three-hour time samplings during two home visits. A great deal is indeed structured in the mother-infant relation by six months of age.

The emphasis on the interconnection of the cognitive and emotional and the correlations between infant task orientation variables and certain social and inanimate aspects of the environment seems to us another striking confirmation of the research reviewed in this chapter. Thus, ten out of fifteen environmental variables correlated at a statistically significant level with the infant's goal directedness. These are: The mother's tactile and kinesthetic social stimulation of the infant, her contingent response to distress, her expression of positive affect, her play with the infant, her social mediation of the environment with minimal social reinforcement, the total level and variety of her social stimulation, and the responsiveness and variety of the inanimate stimulation. While the variables are more specific, and while the inclusion of the inanimate environment is an important addition, the above findings seem to us an essential replication of Brody and Axelrad's (1970) findings relating profiles of mothering and the infant's attention span, resourcefulness with and sustained interest in a task.

In a concluding section, Yarrow, Rubenstein, and Pederson (1975), among other things stress the importance of further exploration of the affectionate relationship and the contingent interactions between mother and infant. They also stress both the importance and difficulty of describing the total context of a given mother-child variable and studying how various variables interact. We shall be returning to these questions in subsequent sections of this report.

C. Summary of Findings on Patterns of Parent-Child Interaction and the Child's Development.

With the above reservations in mind, we nevertheless found it useful to summarize the findings of the research reviewed in the form of the following hypotheses:

Hypothesis 1: That for all three age intervals considered, 0 to 1, 1 to 3, and 3 to 7, clusters of child functioning and particularly those labeled adaptation or competence are significantly correlated with certain clusters of parent-child interaction variables.

The most impressive evidence for this hypothesis comes from the research of Clarke-Stewart (1973). The parental "optimal care" cluster was correlated .67 with the "competence" cluster of child variables. The parent cluster included such variables as: The parent's positive emotional expression and closeness (.71), rejection (-.56), responsiveness to social signals (.87), responsiveness to the infants's distress and demands (.87), appropriateness of response (.76), verbal stimulation (.89), social stimulation (.87), stimulation with materials (.77), effectiveness of stimulation with materials (.58), and the referential speech ratios (.78). For these 1 to 3 year olds, language competence (.81) and I.Q. (.77) correlated most highly with the competence cluster.

Hypothesis 2: That the pattern of the intercorrelation of family interaction variables and child development variables can be clearly established by six months of life.

Whereas the number of correlations between family interaction variables and child development variables at about six weeks were still very limited, by six months these intercorrelation patterns had crystalized in a more definite manner. Still another way to state this is that the variability in the behavior had by this point diminished considerably, thus making a potential intercorrelation more likely. This is not to say that important interactions are not taking place before this point; rather it says that they are less stable in nature and perhaps more difficult to assess. The most striking evidence for this hypothesis comes from the research of Brody and Axelrad (1970) and Yarrow, Rubenstein and Pederson (1975).

Hypothesis 3: That for the six months and twelve months assessment points, task orientation variables, such as sustained interest in a task, are particularly sensitive to (meaning highly correlated with) more "optimal" family interaction patterns.

Stated differently, this finding is perhaps best illustrated by the work of Brody and Axelrad (1970) wherein it is suggested that once a family interaction pattern has been differentiated, variations in the child's task orientation variables most sharply parallel these family interaction pattern differences. It is important to stress once more, however, that the studies essentially deal with clusters of variables and that efforts to deal with single parent-child or single child ariables are likely to be misleading.

Hypothesis 4: That for all three age intervals considered (0 to 1, 1 to 3, and 3 to 7) variations in task orientation as assessed at a particular point tend to be associated with variations in clusters of child functioning as assessed at later time points.

It is here suggested that of the assorted child variables, those falling in the task orientation area may be particularly powerful in predicting a variety of later functioning and this may be particularly true in the areas of intellectual, cognitive and the task orientation variables themselves. Additionally, two studies indicate that the task variables at about a year of age also predict the friendliness and cooperativeness of later years (Schaeffer and Bayley, 1963; and White and Watts, 1973).

Hypothesis 5: That for all three age intervals considered (0 to 1, 1 to 3, and 3 to 7) the following types of ratings of the parent-child interaction will tend to be included in the clusters that correlate with positive child development: Responsiveness and efficiency of the parent in meeting the child's distress (needs), the parent's affection for the child, the parent's ability to provide the optimal stimulation to enhance learning, the parent's ability to enhance the child's move to new experiences and relationships, the parent's ability to exercise control and/or set limits for the child, the parent's ability to communicate with the child, and the parent's ability to provide a varied and responsive inanimate environment.

The above summary statement clearly has to be specified in terms of both age levels and the specific dimensions involved in each of these and perhaps other areas of parent-child interaction. Thus, Yarrow, Rubenstein and Pederson (1975) have carefully delineated for the six-month infant the different modalities of stimulation that do and do not enhance development and specifically what kind of development is involved. There is indeed a danger in talking about environments as simply depriving or stimulating. However, we do feel it is of value to summarize those areas of parent-child interaction that have fairly consistently appeared in a variety of research as being significant in their impact on the child.

Hypothesis 6: That especially during the first year of life, the direction of influence from variations in family functioning to child functioning accounts for a significant proportion of their intercorrelation.

While it is recognized that the child clearly also influences the parent-child interaction (Bell, 1971), the data so far suggest that the primary direction of influence is from parent to child. To review the facts already cited in our review (Heinicke and Strassmann, 1975), it was found that early differences in the children, as reflected in such variables as activity level at birth or shortly thereafter, did not predict the clusters of family interaction variables and child variables as determined at six months or later. Clear-cut styles of parent to child handling could be differentiated by six weeks but were at that point very minimally related to variations in child functioning. Both Bell and Ainsworth (1972) and Clarke-Stewart tions in child functioning. Both Bell and Ainsworth (1972) and Clarke-Stewart (1973) used cross-lag panel-correlational techniques to assess the potential causal direction of associated maternal and infant variables. Bell and Ainsworth (1972) suggest that for infant crying during the first year of life the predominant direction of influence is indeed parental responsiveness to variations in the child's behavior. Similarly, Clarke-Stewart (1973) suggests that the amount of maternal attention in the second year of life influenced the child's later performance in a comprehensive test of intellectual competence and motivation. This author also indicated, however, that there is evidence in the second year of life that for certain areas of functioning the predominant influence in teraction is from child to parent. This subject clearly needs much further exploration.

Given the above findings, it seems difficult to comprehend them without positing that from at least six months onward there are certain structures or predispositions to act in both parents and child. The consistency of the parental behavior and the consistency of the correlation between parent-child and child variables from six months through seven years is particularly well documented by Brody and Axelrad (1970). One could argue that the child consistency is achieved through their behavior being maintained by the consistent behavior of the parents; constructs describing posited internal structures are unnecessary. If, however, certain early child responses such as frequency of crying or task-oriented behavior predict later and qualitatively different responses such as, for example, peer relationships (see Schaeffer and Bayley, 1963), then some construct related to both may well be valuable in understanding such findings. Here again there are clearly many possibilities. One that we feel might be very promising is the concept of expectation. We will return to this in our summary chapter.

II. BRONFENBRENNER'S REVIEW OF THE EARLY INTERVENTION RESEARCH

In this project we are interested not only in the nature of the parent-child interaction and its impact on the child's development, but also in studies of those programs that have attempted to change child functioning. The reader is referred to Bronfenbrenner's (1974) excellent review: "Is early intervention effective?" He documents once more that preschool intervention is effective in producing substantial gains in I.Q. as long as the program lasts, but that even during the program the initial gains are not continued, that differences between control and experimental groups practically disappear and, most important, that the average I.Q. of the experimental groups often falls back into the problem range of the lower 90's. Bronfenbrenner goes on to document that programs having a family intervention component, and especially those that enhance the meaningful verbal interaction of mother and child, are able to show a more sustained gain in I.Q. even after the program ceases. One study by Karnes, Hodgins and Teska (1969) emphasized that a group program, if added to the family intervention program, might well interfere with its effectiveness. It seemed in this instance to interfere with the mother perceiving herself as a central change agent. Another study by Radin (1969) demonstrated the importance of a preschool parent intervention program in insuring the child's development in kindergarten. The critical aspect of growth in kindergarten was not whether an additional Piagetian curriculum was available but whether the preschool experience of the child had included an intensive parent intervention program. These and other citations do indeed document Bronfenbrenner's (1974) conclusion, a conclusion which also is a central hypothesis of our study: The involvement of the child's family as an active participant is critical to the success of any intervention program. As one would expect, this very consensus raises many further questions.

First, one must ask what are the critical factors in the parent-child relationship that bring about changes in the child? Bronfenbrenner (1974) suggests the importance of a reciprocal verbal involvement of parent and child around a cognitively challenging task, and the importance of an enduring and emotional attachment between child and adult. One is naturally inclined to wonder whether there are other critical components. Our own review of the literature correlating parent-child factors and adequate child development suggests a profile of factors which includes but is not confined to:

1. The quality and quantity of the parent's affection for the child.
2. The extent of time and energy that the parent has available for the child.
3. The parent's capacity to maintain an organized environmental sequence.

4. The clarity with which the parent defines his availability.
5. The extent and consistency of the limits set by the parent.
6. The standards set and the sanctions used by the parent in regard to: a) Aggression; b) Cleanliness; c) Self-reliance; d) Adult role behavior; and e) Achievement in pre-academic areas.
7. The extent and clarity in parent-child communication.
8. The extent of the parent's active instruction.
9. The manner and extent to which the parent encourages the child to move toward new experiences and relationships.
10. The frequency with which the parent is involved in a conceptual exchange with the child.

In the following pages we will present findings demonstrating how changes in the profile of parent-child relationship factors were related to changes in the children.

A second set of questions asks what type of family intervention, with what kind of family, at what point in time is likely to bring about improvement in the critical parent-child relationships? The family intervention studies reported so far involved families willing to participate. But, as Bronfenbrenner (1974) points out, many families are so overburdened with the task of survival that they have neither the energy nor the psychological resources necessary to participate in an intervention program that asks them to interact with their children in a prescribed manner. One approach to these families and the one suggested by Bronfenbrenner is an ecological one. That is, one provides those conditions such as health care, employment, and so forth, that are necessary for life and for the family to function as a child-rearing system. A complementary and perhaps necessary addition to this approach is to assist the families in such a way that they can, through the development of their own resources, cope with the daily problems of existence and then have sufficient energy to rear their children in an adequate manner. This report will document our experience in helping families mobilize their internal resources via a certain type of social work, thereby permiting them to make better use of existing external resources.

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PART II. DESIGN, APPROACH, AND METHODOLOGY

CHAPTER 3: THE OVERALL DESCRIPTION OF THE STUDY PROJECT

A. The Setting of the Study and the Nature of the Families Involved.

A total of 119 children have been studied as part of this project. The mothers, predominantly single and working in a metropolitan area, were either on welfare or fell into a low-income grouping. Fourteen children studied were older siblings. Of the 105 preschool children, 60 were attending the Culver City Children's Center while the remaining " contrast" sample of 45 children were studied in a geographically distant center labeled here as "San Pablo." The contrast center was considered comparable to the Culver City Center in all known respects except that it did not offer social work services to the families.

The Culver City day care center began operation in 1971 and is administered by the Culver City Unified School District. The Center and the families served by it are situated in a mixed lower and middle class neighborhood. The situation does not therefore represent the type of concentration of poverty and welfare eligibility seen in certain urban areas. The ethnic composition of the Center is predominantly white, with about 10% Spanish surnames and a few black families. This reflects the percentages found in the larger community.

To further specify the above demographic descriptions, the social workers dealing with the Culver City families were asked to provide information at each assessment point (six weeks after entry into day care, five months thereafter, etc.) on the mother's job and housing situation, gross indications of her commitment to her child's care, her use of available resources, gross indicators of her relationship to parents and men, and gross indications of depression. Reflecting the criteria for choosing the sample, it should be noted that only 16.7% of the women were married and 87.5% were receiving a welfare cash grant. Table 1 indicates the further subcategories that were subsequently warranted by this material which was initially an effort to depict the mother's basic living situation. The ratings were made on each subcategory by an independent rater on the first three Culver City samples: N = 48. (All tables are contained in Vol. II, PART VII.)

Table 1 shows the percentage of each rating at six weeks in one of five distinctions, ranging from excellent to inadequate adaptation. It can be seen that the mother's job situation was basically adequate but not always as steady as she might like. There wer e important exceptions but their housing was also generally adequate. These women very much wanted to keep their children but were often (46% of the time) not as reliable in their basic care as desirable. They tended as a group to make use of certain obvious community resources and related fairly well to their parents. Even in these gross indicators there were however many important exceptions.

It was their relationship to men that was the least adequate and it was in this area of their lives that the obvious indications of depression often focused. We were to learn that these young women, who were frequently forced into motherhood, had often not received sufficient mothering themselves, were not only not assisted in their child care by the men they were involved with, but were often psychologically and physically hurt by them.

As indicated, the San Pablo day care center was carefully chosen to be similar in all respects except that the social work service was not as available. The age of the Center, the staffing, the AF.D.C. welfare population, the size of the Center, its location in a predominantly mixed lower and middle class neighborhood, its ethnic composition, and even the nature of its individualized curriculum were all extremely similar. As will be seen, the development of the children was indeed very similar during the first six weeks in day care.

B. Basic Approach to the Family and Child

Our approach can best be outlined by following the steps taken with a 3 or 4 year old as he or she enters the Culver City day care center:

1. Determine through careful intake procedures whether the child is suitable for the day care center services. Severe handicaps like blindness, or the presence of autism lead us to refer the family elsewhere.

2. An effort at gradual entry of the child, while observing him and his parents permits initial formulation of their developmental needs. Contact by the social worker continues and teachers formulate the program

plans which are most likely to meet the developmental needs of the child.

3. Depending on the year of the project, the family and child were then helped through one of the following interventions with the parent: Open-ended, problem oriented, or consultative psychoanalytic social work.

4. By six weeks after entry all of this information on child and family is integrated into a Developmental Plan which serves as a specific guide to the desired goals and the means necessary to attain them.

5. Further Developmental Plans, including systematic clinical evaluation of the effectiveness of the intervention are made at 5, 12 and 24 months after entry into the Culver City Center.

6. The children were studied through kindergarten during which time they were attending the Culver City Children's Center on an after-school basis. Since some children had, by the end of kindergarten, been in the Center for three years the 36-months point formed another assessment point.

7. The point at which the child and family withdrew from the program (and this was required by regulation to be by the latest at the end of kindergarten) marked the beginning of the follow-up period. All children and families were assessed through one and two-year follow-up contacts.

C. A Description of the Study-Evaluation Component

The nature of the research design and the observation and assessment procedures used will be made more specific in Chapters 6 through 8, but an outline presented at this point will help the reader orient himself.

The study is a short-term longitudinal one following both families and children from entry into preschool day care through participation in kindergarten and the primary grades.

For the entry to 24-months point, daily and at least weekly process data are available on both the family and the child. Four child development professionals, several teachers, and the two psychiatric social workers contributed to this data pool. These data were organized by a process called the Period Analysis. The qualitative description of the resulting periods of development can be analyzed for trends and patterns and the parent-child and child material can be interrelated.

Cross-sectional assessments were also regularly made at the entry point, after 6 weeks, after 5 months, after 12 months, and after 24 months. Ratings of the child's development such as his peer relations and the parent-child relationship such as the mother's affection for her child are supplemented by various test assessments. I.Q. measures, task orientation category observations, projective doll play scores, and figure drawing scores were derived for each assessment point.

Once children were in kindergarten or as in the case of the follow-up in the primary grades, both the Center and public school teachers of these children were asked to rate them on sixteen behavioral ratings in December and June of a given school year.

The one and two-year follow-up consisted of these same teacher ratings, an extensive and fairly structured interview with the family, and

I.Q. testing on the child.

Cross-sectional assessments for the paired, geographically distant San Pablo day care center families and children are also available.

The nature of the basic experimental design employed in this research was such that at each assessment point samples within a day care center could be compared or combined, or the samples from the Culver City day care center could be compared with their counterpart samples in the San Pablo day care canter. Specially matched treatment groups also could be compared at each assessment point. In addition, trends for each sample or treatment group could be examined across the time frame of the four cross-sectional assessments.

Measures of central tendency for the various experimental groups corresponding to the major variables of interest were plotted over time. One-way analysis of variance was used extensively in this research to systematically identify any significant differences between samples or between treatment groups on the large array of variables that were collected. Correlational analysis was employed to reveal the relationships between variables, leading to factor analysis of important correlation matrices. Factor scores derived independently from separate factor analyses subsequently were correlated to provide additional insight into the underlying dynamics of the research results.

CHAPTER 4: A PRESCHOOL CURRICULUM TO MEET THE INDIVIDUAL NEEDS OF THE CHILD[1]

Of utmost significance in understanding the overall child-parent environment at the Culver City Children's Center is the continuity and interrelationship of the social work with the mothers and the child-teacher interactions. In both instances, the quality of the relationship is one which combines "practical, down-to-earth" help-education with a psychological approach that attempts to maximize the individual's fulfilling his cognitive-emotional potential through the recognition and understanding of any thoughts and feelings which may be impeding such "optimal" functioning.

Teachers are a most important link between the child and parent, especially so during the morning and afternoon arrival and pickup. Through the children, or directly to the teachers, the parents communicate their desires and fears. The child in turn expresses what he wishes and what he is anxious about in his life. Some of these issues the teacher and director deal with immediately. The role of the director in facilitating these communications and actions is particularly important. Some situations require staff discussion and others need involvement of the social worker. A combination of educational, child development, and parent-child approaches are used to insure the optimal functioning of the child.

1. This chapter was written by Theresa Spingath.

With respect to the more overtly academic issues, the Center program is undoubtedly similar to many traditional nursery school day care programs. An important part of the Center's philosophy is a belief in providing minimal structure and maximum availability of materials and teachers. The rooms are so designed as to allow for sufficient space and variety of materials, such as books, small and large manipulatives, an easel, and a housekeeping-dramatic play area all of which are continually accessible to the children. In addition, there is table and floor space for selected craft projects and sensory-cognitive materials.

The children are free to decide what areas they wish to engage in, determine the time they want to spend on any activity, or elect to do nothing. This approach offers the child a real (concrete) experience in being independent within a structured framework and allows the child to proceed at his own rate of development. In this way, the child can feel that he has some control over his ehvironment. The teacher also benefits from this arrangement in having more time to observe the children and follow their progress, provide additional materials as requested or called for, and respond to or initiate interaction with children individually or in smaller groups.

There are certain periods of the day when the concept of "group" is emphasized, such as clean-up and rest time. These times involve the incorporation of the values of responsibility, cooperation, participation, and mutuality. At other group times such as story, lunch or snack, music or special projects, the children are encouraged to participate but they have the option to refuse as long as they are not disrupting the group activity.

Thus, as the unstructured time allows for individual choice and expression, the group activities provide an opportunity for the child to learn how to share in experiences with others, to be one among many. The co-existence of the concepts of "individual" and "group" help the child to understand and differentiate the two and begin to formulate his sense of self. The teacher's sensitivity to each child's individuality and his or her concern for the functioning of the group is significant in the minimum-maximum classroom. By the teacher's example, the child learns to find his individuality within the group orientation. Although a major emphasis is placed on the child's emotional growth, the acquisition of cognitive skills is not overlooked. The two preschool teachers provide a variety of opportunities for the children to learn some basic concepts they will be expected to know for kindergarten. The teacher with the yonngest group (three to four year olds) uses two methods: one group-oriented and the other oriented toward the individual child. Both involve an awareness of each child's developmental stage. An example of the former is utilizing story time through books and felt board activities to teach recognition of numbers, letters, shapes, and colors. Helping a child to love learning by encouraging and providing him with adequate materials is an illustration of the second method.

The teacher of the older preschool group must be even more aware of how to prepare the children for entry into kindergarten. Given the number of children, what types of skills will help both kindergarten teacher and the child? For example, it would be most helpful to the kindergarten teacher if the child already knows how to tie his or her own shoes and to put on and take off his own clothes, etc. Therefore, particular times of the curriculum of the Children's Center are assigned to practicing tying shoes using a very big shoe. The ones who already know how to do it help the others and are thus likely to increase their skill level as well as a sense of pride in accomplishment.

A variety of curricular content is used by the teacher of the older group to help the children to develop skills in following directions in listening and in thinking. A great deal of this is done through games, so as to make the various learning experiences as interesting as possible and to have as many people participate. The teacher, for example, will put six to ten objects on the floor such as scissors, a pencil, a dime, a toy car, etc. She will then ask all the children to look very carefully at the objects in front of them. Then, one of the children is told to close his eyes while one of the objects is hidden and the child in question is now asked to identify the object that has been removed.

A similar game is called by the children "the hiding game." All the children are placed in a circle and are asked to look around the circle and remember who is sitting where. Then, one of the children is sent out of the room. In the meantime, one of the remaining children is now hidden under a blanket. The child who went out is called back and he now has to guess who is under the blanket. One is allowed to give hints like: It's a girl or a boy, or the person guessing may want to see the hidden child's hair or shoes. He may even ask the hidden child to say something.

For learning shapes, flannel board stories about shapes and plastic shapes that the children can trace have been used.

In the area of counting, a variety of games are developed, such as counting how many people there are in the classroom, how many of a certain object there are in the room, how many cars are driving by on the street, etc.

To develop writing and project skills, the children were first asked to draw specific things such as a house, a dog, or a cake with five candles. Once this had been done, they were told that they would get new, nice shiny folders to keep the drawings in. But, before getting these folders, they had to at least make an effort to write their names, which would go on the folder. Some children at first did not even want to try to write their name, and those who still refused were told that their folders would be put aside until they would be ready to try to write their name. The whole involvement in this project or "job" as the children called it, was taken very seriously and indeed soon involved each of the children.

Another area illustrates the manner in which rewards are used as part of the curriculum development. It had been decided to have the children know their full name, address and telephone number. All this information was written on cards. After a few days, the children did not seem that eager to learn so it was decided to tell the group that as soon as everyone knew these basic facts they would be treated to ice cream sundaes. The participation and learning definitely improved.

The acquisition of these various skills that the children are helped to learn is important for their adjustment and success in kindergarten.

However, teachers are aware that providing practical experiences for children to act on materials freely will form the necessary basis for understanding concepts as the child progresses in intellectual development. The importance of the child making discoveries for himself, developing questions about reality, and having the opportunity to test for answers instead of being told "right" answers, and being expected to repeat the answers, is invaluable. Social collaboration affords opportunities for understanding that there are other points of view, which leads to a decentering of the child's thinking and accommodation to new possibilities.

In a relatively ordinary activity such as block building, the teacher can offer a variety of experiences by asking questions which will move the child forward in his ability to understand concepts of shape, length, space, weight, volume, measurement, and awareness of significant differences.

Within the mechanism of the many activities provided, the teacher's most important goals are to help the child achieve a feeling of self-worth and competence to master and redirect his impulses and to increase the techniques and alternatives available to him for dealing with his world. The teacher attempts to utilize every opportunity available to realize these goals. Thus, the child is typically greeted warmly by name on his arrival each morning and where appropriate the teacher shows appreciation of his work and recognition of the efforts he has made so that his feeling of competence and self-worth may be bolstered. So that the children feel one is as well-liked as another, the teacher will attempt to avoid behaviors which might be construed as favoritism (e.g., she may keep a chart to make sure that each child has a turn to sit next to her at lunch). Other mechanical means for choosing lots (e.g., names in a hat, numbers, short straws) are used to help the children acquire the ability to take turns, learn to wait, and to prevent the feeling of rejection when not chosen immediately. In other ways and in many situations the teacher will explain and remind children of how their needs were met and how others are entitled to the same considerations. The teacher provides a place for each child to keep his own possessions and helps the children learn to respect other people's possessions, privacy, and needs by insuring respect for each one.

The child who is competent in an area will be recognized for that competence and helped to move ahead. More challenging materials or more advanced ways of using the same materials will be provided. Each child will use the materials at his own level of development and be recognized for his achievement. Suggestions will be made to the child proficient in climbing to try more difficult techniques while the child who is afraid to get on the first rung of the jungle gym will be helped with the teacher's hands before moving on to the next one. He will be encouraged to continue not by being compared to what the others can do, but by being shown how he has improved and is more able than he was before.

The key word in all this is to be "tuned in" to what's going on with the child and to respond accordingly. Nowhere is this more evident than in the realm of the child's emotional needs. Combining her own empathic sensitivity with information derived from the social worker and mental health consultants (information usually obtained at weekly staff meetings), the teacher's orientation is one of permitting the child to "go his own way" when development is proceeding well and intervening in relevant ways when some disruption is evident. Thus, a child whose history is one of overprotection and being infantilized by the mother may want to be cuddled and sympathized with when mildly frustrated or hurt, but the teacher might be more inclined to talk to this child and not reinforce such regressive behavior while another child whose background is one of emotional deprivation and rejection might be encouraged to permit himself the "luxury" of an affectionate, consoling "lap" to enhance his perception of people as potentially caring and concerned.

With feelings, as with cognitive issues, the child is encouraged to verbalize his thoughts, emotions, and concerns whenever he has questions or is troubled. The goal is a child who has access to his feelings and can deal with them on an appropriate level. If a child comes to school in the morning obviously distressed and inappropriately annoying other children, it is assumed that something is bothering him and the teacher will attempt to help him find out what it is and verbalize it so that he can experience and deal with his feelings more appropriately in terms of the reality of the situation.

There are times when a child arrives at the Center and because of some upset at home is totally incapable of handling the group situation in a nondisruptive way for an hour or so. To insist that the child stay in the group, share, take turns, and wait would be expecting more than he could emotionally accomplish at that time. It is necessary to have alternatives for him and to have other adults available to help him at this time. In one situation the director sat and talked with a child about the automobile accident his mother was involved in, tried to understand and acknowledge his fears and concerns, and offered the affection he needed at that time. Then, he was permitted to just play quietly in the director's office, feeling no pressure to have to comply with other people's needs for awhile. In another case, a child may find sitting on a stool in the kitchen and having a piece of toast the extra bit of attention that lets him know that someone cares and the world is not as bad as he felt it was. What makes the difference is knowing the individual child well enough to be attuned to his moods and needs and balancing individual requirements against those of the group.

A child whose mother has frequent periods of deep depression and who had communicated to him that his behavior influenced these depressions had a fearful dread of doing anything to upset his mother. When he accidentally broke a window, the teacher understood the cause of his total devastation and knew how very important it was to try to allay his fears and explain his feelings. She spent an hour alone with him in a box into which he had crawled and talked to him about the universality of accidents and how people can try to remedy their mistakes. She acknowledged his fear of what his mother would say and assured him it was not anything people should be angry with him about. The mother in turn was spoken to by the director, concerning the notion that it was important that we not be angry at the child for this accident. The child was given the opportunity to rectify the damage by doing extra, helpful chores at the Center and took a great deal of pride in his capacity to deal with the situation in a meaningful way. The specific knowledge the teacher had of this family situation was essential to her handling the child in a way that was a growth experience for him.

As is undoubtedly evident by this time, the kind of person needed to function effectively in such a teacher role needs qualities and characteristics only some of which can be taught. A primary requisite is that the teacher have a genuine interest and liking of children reflected in a capacity to follow their lead and be available to respond to their needs as they arise rather than approaching children as organisms to be trained into a specific mold. In terms of training, a background in a dynamically based child development theory is helpful but not crucial since that can be taught "on the job." What is crucial is an empathic personality and a staff person with each group of children who has had the necessary training and understands the goals and principles of the Center to be able to provide the resources, support and training on which a new staff member can draw. How, ever, the personality characteristics may be less readily apparent at the initial "job interview" so that it is especially important to have a probation period in which the director (and staff) have an opportunity to assess the adequacy of a new teacher, determine what areas she may need help in and, if necessary, dismiss one whose personality does not lend itself to the needs of such a program.

In a simular vein, the staff works with volunteers who come to the Center in that without the necessary "personality potential" no amount of instruction will overcome the deficits.

A feeling for the course of a day at the Center can be gained from the following outline:

Concept of the Day at Culver City Children's Center

7:00 - 8:45 (Arrival Time) Children are greeted. This is an important part of helping each child feel wanted. Children may play with available materials as teachers set up specific projects of the day. Since arrival times are varied, there is time for individual communication with a teacher.

8:30 (School Time) Kindergarten children leave for school.

7:45 - 9:30 (Free Choice Time) Activities (arts and crafts projects, manipulative toys, sensory exploratory materials) are set up by the teacher. Children may choose from these and other materials in the room (e.g., blocks, housekeeping corner, paints, books, other dramatic play experience, etc.) Children may move freely from one activity to another. The teacher encourages task completion, social collaboration, offers guidance, assistance and approval.

9:30 - 9:45 (Clean-up Time) Everyone is encouraged to help as children and adults work together.

9:45 - 10:00 (Group Time) Groups may have story time before snack or before lunch.

10:00 - 10:15 (Snack Time) In addition to the nutritional value, all meals and snacks are an important social experience.

10:25 - 10:40 (Table Time) Older preschool group often uses this time for more structured group experiences in cognitive and recognition skills.

10:30 - 11:30 or 12:00 (Outside Time Choices available with all outdoor equipment and special activities and experiences planned by teacher. Opportunities for large muscle development, water, sand and mud play, gardening, dramatic play, etc.

11:40 -12:00 The younger group often has group time for music experience.

12:00 Kindergartners arrive from school.

12:00 - 12:30 (Lunch Time) Children serve themselves whenever possible and clear their places when finished.

12:30 - 1:15 (Outside Time) Children play freely and rooms are prepared for rest time.

1:15 - 1:30 (Group Time) Preparation for rest time: children brush teech, wash, toileting, etc., group time to help settle down.

1:30 - 3:00 (Rest Time) Many children nap. Others rest and/or play quietly on cots. Children are permitted to sleep until they awaken. Time for teacher to read to or sit with children individually.

3:00 - 5:00 (Inside and Outside Time) Waking, dressing, snack. Children go out to play as they are ready. Teachers set up afternoon projects and games inside. Opportunity for multi-age relationships and play.

5:00 - 6:00 (Clean-up Time) Clean-up time indoors and outdoors. Songs, stories and quiet activities indoors. Time for good-byes.

CHAPTER 5: DESCRIPTION OF THE SOCIAL WORK APPROACH TO FAMILY INTERVENTION[1]

The Culver City Children's Center provides an intensive program of relationship opportunities for young children and their parents through the integration of the individualized curriculum for the children, with social work treatment of the parents. This chapter describes the social work with the parents and the role of the social worker as she serves families and participates as a member of an interdisciplinary team in planning for each family. In the first section, the initial social work approach which was common to contact with all families is described. The further sections deal with the three main approaches that were used in the first, second, and third phases of the project: The open-ended approach, the problem-oriented approach, and the consultative and selective use of direct social work.

I. INITIAL CONTACTS WITH THE FAMILY

A. Finding the Families

The first task of the social worker was to find the families. While the need for day care had been demonstrated in general, the funding auspices had further delineated a special group of families: The welfare parent, predominantly a single mother, working or in training, and residing in a defined geographic community. This criterion was at a later date broadened to include the low-income family.

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[1] This chapter was written by Esther Strathy, Kayla Given and Christoph Heinicke.

Eligibility for the Children's Center, based as it was upon the dual criteria of welfare and work, signalled the salient characteristics of the client population. The need for day care among this population of single working mothers was generally the result of a relationship that had failed, a marriage or other kind of interpersonal commitment that had failed to endure or perhaps even to materialize. Parenthood in such instances was often felt as an unwanted burden. Mothers eligible for the services of the Children's Center were additionally burdened by serious financial struggles. The single mother who applied often carried not only the burden of sole parental and financial responsibility for her family but also the burden of feelings of guilt for failing to achieve normal family life and of resentment for society's expectations that she fill many roles on her own. Awareness of these factors needed to be integrated into the social worker's approach from the first contact with potential clients.

We started with a few families. As social workers, we recognized that initial contacts would be crucial in setting the tone for ongoing relationships and that the casework principle of "starting where the client is" needed to be implemented in its most sophisticated form. As clinicians we knew that here was no clinic. "I need a good safe place for my child," one mother said. "I need a place for him while I'm at work." "Are you like a welfare worker?" one mother wanted to know. "Is her my teacher?"

one child asked his mother when the social worker visited their home for the first time. "No, she's not," the mother responded tersely, with a look that said, "Well, what are you?" One could sense at once that although she knew what we were not, she was not so certain as to what we actually were.

From the very first telephone contact a mother needed to sense that we were hearing and understanding her, that we could respect her right to decide, that we could present without persuading. As social workers, we knew how to listen, but what a luxury it turned out to be for some. "You listen so well," one mother commented almost increduously, and as she talked we soon began to understand the sharp relief with which we stood apart from the long line of disappearing welfare workers who walked in and out of her life.

B. The First Interviews Following Initial Contact

These early contacts led to the first interviews with parents, and both psychological and environmental factors entered into the provision of a choice of hours and a range of interviewing sites. The need for caution was quickly demonstrated. Diverse and often tenuous employment patterns on the part of parents required flexibility on our part. A mother whose income depended directly upon her number of hours on the job, needed to feel that we could see her before work, during lunch, or at the end of the day. Sensitivity to where a mother said she could meet us led to the use of home visits as well as the more formal setting of an adjacent school prior to the completion of the Center. One mother's clear preference for the school was later understood more fully in terms of her need for psychological distance and her inability to tolerate closeness as symptoms of her history of chronic mental illness. This was a mother whose first act was to move her chair away from the social worker as the interview began. Another mother's choice of the school reflected her desire for relief from a chaotic home, signalled dramatically during the first telephone contact when she screamed at her noisy children, "I can't stand it!" It did not take very long to understand what it was she could not stand, for here was a mother rearing four young children on her own while at the same time undertaking an arduous program of vocational training.

C. Home Visits

Home visits were welcomed by most of the parents. As participant-observer from the start, the social worker could experience directly the emotional climate of the home and add to the direct expressions of the parents her own beginning formulations of family life and interaction. Observations in the home yielded valuable data during the entry period as well as in the ongoing work with the parents.

The socio-economic characteristics of the neighborhood could be observed even within a defined geographic community. In particular, the parents' perceptions of their setting was an early clue to self-perception. An area of high welfare concentration yielded a large number of early families and living in it represented to many their isolation from the larger, more successful community.

The physical environment of the home provided clues regarding parenting practices. Several homes provided opportunities for the children to move about and explore freely. Yet others reflected the parents' difficulties in providing a safe and interesting environment for their growing child. The behavior of the mother and child in relation to their setting was soon apparent. One home, for example, was arranged in such a way as to require a never-ending set of restrictions upon the child.

The interaction between parent and child provided insights for later work. In one home, a visit revealed the inconsistencies between the mother and father in limiting their child. While mother prohibited certain behaviors, father permitted them and appeared pleased by them. The social worker was later able to utilize this observation in helping the parents to understand the difficulties they experienced with their child. In another home, the mother's inability to follow through when her requests were ignored by an older child could be used in later work with her as a way of helping her look at the manner in which she might be contributing to the problems she described.

Insight was gained during home visits into the personality of the parent and could be utilized in the ongoing contacts. In one home, the social worker's awareness of the mother's need for her exclusive attention and her competition with her child for this attention, was later understood more fully when the mother described how as a child she had always needed to share her own mother with her brothers and sisters. This mother was ultimately able to describe her intense feelings of jealousy of others.

D. Preparing the Family for Entry into the Day Care Center

Preparing the family for entry involved participation in a series of interviews which included a consideration of the family situation and the child's place in it. The application procedure became a process during which the social worker helped the mother assess the appropriateness of day care in general and of this particular center and then to move into the program in a way that permitted the family to make the best use of the Center. Consistent with the constant focus on understanding in what respect a particular mother and child might be helped, there was no set pattern in this intake process; however, certain areas were kept in focus in order to facilitate the most adaptive transition into day care. The social worker:

Explained the program in which the parent and child would be involved, the rules and policies of the Center, the hours of attendance, and what was expected in the way of parental cooperation.

Elicited the parent's views and expectations of the Center. The parent was encouraged to express what she wanted her child to gain from the experience. This exploration led directly to a discussion of the parent's understanding of the child's development, needs, behavior, etc.

For example, a parent expresed her desire that the child make friends. This was used to explore what kinds of present relationships the child had, whether the parent perceived any difficulties in this area, and why this was of importance to the parent.

Explored the family situation and the child's place in it. Who lived at home, who were the major adults in the child's life, and what, if any, major changes had there been in this situation? Were there any stress situations now confronting this family? The child's developmental history was seen in the context of this exploration.

Through her manner of exploring, encouraged the parent both to define and find ways of looking at perceived problem areas. There was a constant communication that the social worker's help could aid the mother in recognizing and coping with her own problems. Thus, if the mother said, "My mother always preferred my younger sister," the worker sought out the details by asking, "In what way? What about your mother's actions gave you this idea?" Already at the beginning there was an effort to analyze the present more thoroughly and to move to both the present and past factors that were influencing the parent's functioning both as a parent and as a person.

In the elucidation of present and past experiences the social worker was especially alert to how the parent viewed and experienced her. In some instances there were immediate distortions. Thus, one mother saw the social worker as someone who was going to find out all her secrets and then expose her sinful living.

The social worker helped guide the gradual separation of the mother and child by helping the families master the environmental and psychological tasks inherent in making use of a day care facility. What types of familiar objects might the child wish to take with him as he enters the new and strange situation? Did the employment of the mother permit the gradual entry of her child, including visits and ever-increasing stays in the school? Did her psychological availability dictate such a process? "What will you do if he cries?" one mother asked. "Will you kick him out?" she wanted to know. The social worker's reassurance did little to diminish this mother's anxiety. In further exploration it was learned that it was she who could not tolerate the crying, and this was later understood as related to her deep sense of guilt over her early rejection of this child and her long-standing conviction that she had damaged him. This was a mother who could not spend much time with her child during his early days in the school.

The social worker's task during this stage was to help the parents help the child make the entry by recognizing each family's unique rate of ability to assimilate this new experience. This involved understanding the parents' own feelings about the change, their feelings about themselves as parents, and their own separation anxieties. Did the lateness of some parents, we wondered, or the appointments they missed reflect the reality hardships they faced as single working mothers, or did they also signal their difficulty in permitting the child to move toward new experiences and relationships? One mother gave convincing explanations for her failure to appear for interviews scheduled to discuss the entry of her child. There was illness in the family, the car broke down, and one morning "we just overslept." Only gradually was she able to reveal her deeper fear that she was losing her youngest child.

Interviews with parents were geared toward helping them prepare the child for his new experience by helping him make a bridge between the familiar and the new. "You sure have a way with children" was one mother's response as she watched the social worker give her child a picture of her new school, what it looked like, who would be there, and what toys she could play with. There then followed brief visits to the Center and an introduction to the teaching staff, then a welcome return to the child's own home. Next came a longer visit to the Center, then another respite. Finally, the child entered for the entire day, often reassured by mother's presence during the initial hours.

E. Preparing the Day Care Staff

Simultaneously, the social worker prepared the staff for the family they were to receive and shared with them the life experiences which might bear upon this one, the kind of child they would welcome, and the problems that might emerge. It was during this phase that the social worker's role as a link between the home and the school became firmly established as part of a structure insuring relevant communication between the two.

This linkage contributed to the development of a program designed to complement and supplement the family and to provide those experiences deemed crucial in the development of children which were sometimes unavailable at home. One child was entering the day care from a family atmosphere dominated by the terminal illness of his father. Confined to the care of this bedridden man while the mother worked, he was told repeatedly to be quiet so that daddy could sleep. The Center was seen at once as a place where this child could develop without the restrictions imposed by the harsh realities at home.

During this early phase, ample evidence was found to confirm the conviction that the manner in which a parent and child entered into this experience reflected the essential nature of their relationship, the quality of their tie and, for the child, the nature of his inner expectation of being cared for, of his inner certainty that mother would return. The family's entry provided a valuable view of its interaction and the manner in which it coped with this important phase of development. The opportunity for continuous communication between the social worker and the parent during this process allowed, we believe, for rapid movement toward the further issues confronting the family. Essentially child focused at first, it appealed to the natural narcissism of the parent, her interest in her child, and her willingness to engage with others who showed interest.

"I never thought about that before," one mother said as the social worker engaged her in considering her child's development, her understanding of his needs, and her expectations of this new venture. The ego functions of communication and realistic perception called upon in this interaction formed a nucleus for further work, a work which said that this is how we come to understand, this is how we grow. Experiencing an unexpected degree of acceptance, many parents soon began to bring out other issues and to talk of their interpersonal problems, their economic distress, their troubles at work, and eventually their deepest concerns about their adequacy as parents and people. Fundamental to the growing relationship between the social worker and the parent was the development of trust in the therapeutic intent of the social worker.

II. THE OPEN-ENDED APPROACH

Initial assessments of family needs led in the first phase of the project to the provision of an open-ended, generally long-term approach toward the parents, wherein the social worker was available for as long and as frequently as was required to deal with these needs. Regular weekly contacts were established for those mothers who expressed a need for help during the entry period and for those whose need for help had become apparent to the social worker or the Center staff through observations of difficulties in the child's adjustment, in the parent-child relationship, or in the parent's own life circumstances. Because these mothers had not consciously come for social work treatment and because the first phase coincided with the opening of the Center, a high degree of outreach characterized the provision of ongoing services. The social worker actively reached out to all the families at first and offered her availability for a relationship in which the mother could feel free to discuss any aspect of her situation. In these cases, no limitations were imposed as to the duration of the work or the material to be handled, but shortly before the child left the Center, the social worker worked towards a meaningful termination with the parent.

The principles used in the continued work with parents derived from casework in general and from psychoanalytically-oriented casework in particular (Allan, 1974). Central to all casework is the importance of the early contacts in building a working alliance responsive to the needs of the client. Since the parents we worked with did not come to us seeking treatment, the initial meeting of needs was especially important. From the very beginning, the social worker recognized the strong element of nurture and support needed in her therapeutic efforts with clients whose family histories revealed the source of their own early deprivations. Having experienced loss of love or inconsistent parenting themselves, some expressed their own difficulties in being parents. More and more there emerged a type of young mother, who never having received much herself, now felt thrust into the role of parent, needing to give without having received. The sense of having themselves been unloved in childhood led in many of these mothers to a feeling of emotional impoverishment. "I don't know what a family is," confided one mother whose own family had been disrupted by the early death of her mother. The nurture implicit in the early work with entry evoked in some mothers expressions of their own longing for care. They seemed to be saying, "I am still a child. How can I be a mother?" Profound ambivalence characterized many young mothers who described how early pregnancies had robbed them of the fun of growing up and left them with deep resentment of their children whose demands felt like intolerable burdens.

The social worker in a project such as this is called upon to make use of a variety of interventive approaches. Within the provision of the open-ended, long-term response that characterized the approach to all parents in the beginning phases of the project, two further distinctions emerged: the utilization of a predominantly supportive social work approach and the utilization of a predominantly interpretive approach. Underlying this distinction was the effort to understand these relationships as guided by experience within the psychoanalytic framework (Greenson, 1967). Parallel to the distinctions between the supportive and interpretive approaches is the conceptualization of the variations in the relationships as defined by the real relationship and the transference. The real relationship refers to those aspects of the interaction that involve the satisfaction of certain current needs or assistance in meeting those needs. Transference refers to those aspects of the interaction in which the client experiences the social worker as if she were an internalized person from present or past relationships. In those cases in which predominantly supportive strategies were utilized, the real relationship tended to remain in the foreground.

In those cases utilizing an interpretive approach, transference phenomena emerged and their interpretation was not only possible but often deemed necessary to sustain the contact and further work. Another way of looking at the distinction between the two approaches is to recognize the distinction between an approach which gratifies the needs of the client and one in which the client is helped to examine the full intensity of the ungratified needs.

A. A Supportive Approach to Intervention

Supportive services were in the foreground at the beginning of all cases and remained as the predominant modality in many. Used as a source of active help during the intake period, the social worker was experienced early as a flexible, generous, and available adult and she was soon asked for advice and suggestions in a number of concrete areas. Advice, direction, suggestion, and reassurance predominated during the early stages of most cases and throughout the duration of the supportive cases. The social worker in these cases often functioned as an accessory ego for the client, assisting the client's judgment and excluding or keeping to a minimum the interpretation of inner sources of conflict. The social worker's stance in the supportive work was to be of use to the client. The way in which the client was able to make use of the supportive treatment and to move to a sense of mastery became the basis upon which a determination was eventually made regarding whether the social worker's interventions would remain primarily supportive or move to an emphasis on the interpretation of inner dynamics.

One type of family especially responsive to supportive measures were found to be those with adequate ego strength who had previously made a satisfactory adjustment which had broken down under the impact of severe environmental stress. Such clients were often enabled, with supportive assistance, to restore themselves to their previous level of adaptation. In one family home, the atmosphere was dominated by the near catastrophic injury and permanent incapacitation of the father in a recent accident. As husband, father, and breadwinner, this man's history had been symbolized by acts of vigor and physical strength, and his self-esteem had rested heavily upon the values of autonomy and self-support. Early contacts with the social worker revealed the parents' struggle to retain their independence in the face of their misfortune and their inability to express their need directly for fear of weakness. After much hesitation, they were able to verbalize their frustration with the welfare department and to ask the social worker to help them find a way of obtaining food stamps. When the social worker actually accompanied the mother to the agency, a critical turning point in the relationship was achieved.

The social worker was able to gain a deeper understanding of the meaning of dependency for this family. For the clients, the social worker's support had a profound and personal impact. This family had in the past dealt with longings to be cared for by being fiercely independent, and their sense of superiority had been confirmed by their ability to give to and make things for others. Awareness of the underlying feelings toward the helping person, toward the person now giving to them, was crucial from the start, although not interpreted. This was a family whose adaptation prior to the accident had been based upon their ability to do for others, and who now found themselves in the humiliating stance of needing to receive help from others. A precipitous interpretation of the inner sources of their distress would have further reinforced their sense of helplessness and confirmed their suspicion that they could not do things for themselves. Instead, the social worker utilized the supportive strategies of reassuring them regarding their anxiety by commenting that such feelings were natural in their situation and that their prior difficulties with the welfare department had indeed given ample provocation for mistrust. Emphasizing their right to welfare benefits as citizens who had contributed fully when they were able, the social worker encouraged the family toward a recognition that their economic problems had resulted from the incapacitation of the father rather than from a flaw in their character, toward a consideration of the steps they could take and the options they had to alleviate these pressures, and toward action in implementing the method they chose to improve their circumstances. Predominating throughout this work was an effort on the part of the social worker to strengthen the parents' existing capacities and move them towards greater autonomy rather than to provide insight into the inner sources of the dependency fears. A premature probing beyond the current realities and an interpretation of how their present difficulties in utilizing community assistance related to personality factors would have risked, it was felt, the danger of promoting even greater anxiety and mobilizing even more resistance. Instead, these clients were quickly able to experience a quality of respect on the part of the social worker whom they respected, which permitted them to respect themselves despite their economic troubles and to move toward their prior level of mastery.

Supportive strategies may include direct intervention in the environment, such as advocacy of a client's plight to a landlord or removing the obstacles to the client's use of a medical resource by contacting the clinic. Such direct assistance may be necessary for those mothers whose ability to cope with stress has been seriously impaired by anxiety because of an overwhelming life event, but more frequently it was necessary because of their chronic inability to manage their lives as a function of their personality development. In all cases, the social work effort was designed to meet the needs of the current situation while at the same time providing a level of intervention designed to strengthen the client's ego in its perception, judgment, and ability to cope.

A supportive approach seemed clearly indicated in the case of one mother who appeared seriously depressed and overwhelmed by the demands of her family and an arduous training program she had undertaken. Unable to organize household routines in even such matters as mealtime and sleep, she moved from one crisis to another, confirming with each failure her self-concept as a person who could not control her life. "When you're poor, you're supposed to have pain," she told the social worker when describing her inability to secure approval for medical care from the welfare department. Feelings of inadequacy and helplessness pervaded almost all the spheres of this mother's existence, from her inability to limit the aggressive behavior of her older children to her timidity in seeking out needed community resources on behalf of her family. When situations worked out well for this mother, they were attributed to good luck. "Things just happen," she explained when the social worker tried to explore her perception of why she had difficulty in limiting her children. Early social work intervention was characterized by the provision of concrete, practical assistance, and this mother's energy and attention were channelled into beginning to manage her household and to maintain the attendance of her children in the Center. Transportation was offered in order to insure the attendance of the children and to reach out to this depressed woman with a clear message that the worker cared about her, understood her plight, and could help her do something about it. Initial discussions centered around current realities and the day-to-day decisions that needed to be made. No attempt was initially made on the part of the social worker to explore those earlier life experiences which might have predisposed this mother toward her self-concept as someone who could not cope. Instead, a friendly interest in everyday life and a nonintrusive stance of wanting to be of help characterized the first contacts.

The mother's first major response to the social worker's support was to withdraw from her unrealistic pursuit of a career and to acknowledge that she wanted to stay home and take care of her family. This was understood as a response to feeling supported and to the worker's message that it is all right to be a mother and that parenting is an important job in its own right. Real help, education, and moderate clarification characterized the social worker's approaches throughout the case as she sought to strengthen this mother's own capacity for self-directed behavior and to prepare the way for mobilization of her own inner strengths. The worker's activity in helping this mother make arrangements for summer camp, for securing food stamps, and for planning for homemaker services during a proposed surgery became a model by which this mother was helped to move from a stance of passive suffering to one of assertive control of her circumstances.

Feeling given to, cared for, and appreciated, this mother slowly began to be able to apply herself towards the better organization of her household and to derive pleasure from her role as a parent and homemaker. Her growing trust in the social worker's confidence in her abilities helped her to feel more confidence in herself, and this in turn led her to attempt more, to recognize her achievements, and to show pleasure in her successes.

As the relationship between them grew stronger, this mother felt freer to reveal to the worker those aspects of her early life experiences which had important bearing upon her current problems. These formative experiences were touched upon in the social work relationship but were not thoroughly explored. Although this mother's loss of her own mother early in life and her rearing by a grandmother she experienced as ungiving, restrictive, and hostile were related to her ongoing sense of dependent longing for a "good mother," interpretations of this dynamic were found less effective than the actual impact of the new relationship with the mothering social worker in order to counteract the early trauma. As she felt actually mothered, she was freed for greater capacity to be a mother. In a similar fashion, as she revealed how "dumb" she had felt as a child, this was related to her current difficulties in helping her "dumb" daughter by approaching the school in an assertive manner. Yet it was primarily through her experiences of increased competence in helping this child and the feelings of success derived from these efforts that she began to feel less "dumb".

Although educational and guidance measures were employed in helping this mother understand her children's need for limits and evaluate the effectiveness of her strategies for discipline, it was not until she could develop a different concept of herself as a person that she could begin to try out different modes of parenting and not until she could relinquish her self-image as a weak and helpless person that she could become a stronger and more helpful parent. The communication to her children that she could be assertive, that her efforts could succeed, led them to a greater sense of their own confidence in their ability to learn and to succeed. Early in the work, this mother had described how difficult it was to get her children out of bed in the morning. She was now reporting no problems at all in this respect. It was as if, through her own increased sense of pleasure in life, she could say to the children that the world is worthwhile.

For families such as these, the real relationship components predominate and the emergence of transference phenomena is secondary. For other clients, the transference is clearly operative in the casework relationship and must be interpreted in order to further the work.

The supportive social work approach employed in the above case differs from the interpretive approach in objectives, scope, and method. Although considerations of early life experience occurred and provided greater understanding of current difficulties, in the main, the focus of the work was upon present relationships, experiences, and current life situations. It was a measure of this mother's strength, moreover, that she was able to make use of the non-interpretive supportive help in order to re-establish a pattern of constructive parenting. If her problems, however, had not yielded to supportive measures, and had they been more the product of deeply entrenched and pervasive neurotic tendencies or character traits, it might have been necessary to explore with her the inner sources of her conflicts. This would have been attempted only after the provision of concrete help for this depressed and disorganized mother. Interpretive social work intervention for those families who needed and could make use of such explorations aimed not only at the restoration of effective functioning but also at the development of new adaptive capacities and the achievement of alterations in character structure.

A distinguishing feature between the supportive and interpretive approach relates to the degree of intra-psychic insight achieved by the client. In supportive work, with its emphasis on direct help in assisting adaptation, the amount of such insight developed is minimal. Interpretive work aims to bring to the client an awareness of feelings and thoughts, memories and experiences, not originally within the range of understanding. Unlike supportive treatment, in which transference manifestations also emerge but are used primarily as therapeutic vehicles, the transference is exposed and examined. This method becomes a means of bringing the client into contact with hitherto unknown and unexpressed aspects of her inner experience and of helping her recognize the origins of her problems. In the supportive work with the above client, a positive transference was encouraged although not interpreted, and the social worker became for her in the relationship the good mother she had lost through death. A more interpretive approach might have focused extensively upon her longing for the lost mother and have verbalized how her use of the social worker for concrete assistance was a way of restoring that mother. The client's resistance to change and her sporadic need to undermine the social worker's suggestions for improved functioning might then have been linked to her disappointment that the social worker was not being the good mother who would do things for her. The client's passivity in terms of being a mother and her timidity in dealing with her children as an adult might have been linked to her continued striving to be a child and to seek from others the care and nurturance of a mother.

B. An Interpretive Approach to Intervention

Central to the interpretive approach is the social worker's experiencing and understanding the way in which a parent relates to her. Does the parent anticipate criticism or rejection? Is she submissive and docile as a way of warding of a fear of disapproval? Is she seductive? Does the parent seem to attribute to the social worker attitudes and powers not realistically a part of the social work relationship? When these reactions are clarified, verbalized, and then related to the parent's experience with other significant persons in her life, a greater understanding about herself occurs and enables her to see the manner in which she repeats certain patterns of relating to the present. By helping the client to understand how she has carried over aspects of earlier experiences into her current functioning, the social worker helps the client gain greater conscious control of her feelings and behavior. The role of the social worker in the interpretive approach is to guide the client to a fuller appreciation of the many sources of her present behavior, some of which are outside of her conscious awareness.

Although the interpretive approach seemed initially contraindicated for a deeply disturbed mother because of her weak ego structure and thus supportive strategies predominated at first, it soon became crucial for the social worker to understand the transference issues as they revealed themselves in the client's communications. Constant crises characterized the work with this mother, and the social worker reached out actively to maintain contact and to provide the support that helped her to cope. Interpretations were initially limited to the recognition of certain patterns of behavior and their effects rather than their dynamics. But this did not seem sufficient as her frequent and repetitious descriptions of a lonely and angry world brought her small relief and threatened to disrupt even her tenuous ability to function. This client's view of a hostile world was eventually focused upon the social worker who became the object of an intense transference reaction. It was the social worker who did not care, played favorites, and preferred other mothers over her, just as her own mother had preferred a younger brother. Repeated demonstrations of concern did little to lessen these transference feelings and the increasing resistance. The mother failed to appear for scheduled meetings and, instead, tested the social worker's availability whenever she needed her. It was not until this behavior was interpreted that the intensity of her feelings and the associated resistance came under greater conscious control. Had these interventions not been made, this mother would very likely have terminated her contacts.

For yet other parents, transference manifestations appear early in the relationship and interpretation is not only possible but often necessary to sustain the contact. One mother's chic appearance and excellent performance in her job were but superficial defenses for more primitive feelings of unworthiness and deprivation. As she began to trust the social worker with these deeper feelings, it became clear that her difficulty in experiencing and expressing affection for her child was related to her own restrictive ties to her past and to her hostile-dependent bond to her own mother. This mother approached all relationships with the preconscious expectation that expression would lead to conflict and rejection, that she would be asked to "move out of the house," just as she had been in adolescence. As she began to experience an emotional connection with the social worker, her sudden wish to terminate emerged. This could be understood as a passive to active defense which was part of a generalized transference resistance. Protecting herself from anticipated rejection, she had habitually ended relationships before they were established and in this way denied herself the closeness she said she craved. When focused upon her behavior in the treatment, the interpretation of the resistance and the underlying transference made the continuity of the relationship possible.

Careful process analysis has revealed that very often it is not until the mother's own parenting experiences are re-experienced in relation to the social worker and are then successfully understood and resolved, that she can successfully alter her way of experiencing and handling her own children. One mother expressed her fear of limiting her children lest they find her a "mean mother." This was understood as a residue from a childhood in which she greatly resented the death of her mother which forced her to be reared by a "mean grandmother." One father could not say "no" to his child. This was eventually related to his memories of his own father who had rarely been available. This man was determined to be a "different kind of father" to his son.

As in other helping relationships, we have found in our work with parents that past relationships are inevitably repeated with the social worker and that there is also a great deal of resistance to understanding this repetition. It is when this resistance to understanding is recognized and resolved that one sees certain important changes in the parent's functioning and thus in the child's functioning. In cases such as these, a predominantly supportive approach might have been used initially and supportive strategies continued to be employed where deemed necessary throughout the life of the case. But a shift in the predominant emphasis, from supportive to interpretive, was considered essential in the casework with those parents for whom the strategies of guidance, reassurance, suggestion, and concrete assistance in meeting life's needs proved insufficient in promoting further growth in themselves and their children.

An example of the open-ended, interpretive approach is offered by Mrs. P., a 23-year-old woman, who applied for full-time day care for Dorothy, age 3, and extended day care for Rochelle, age 7. She was employed full-time as a secretary in a small company and was eager to make arrangements for her children's care prior to the birth of her third child, which was due in one month. At the time of application, the children were being cared for by a neighbor, whom Mrs. P. criticized for her slovenly housekeeping standards. During her first contact with the social worker, she described her embarrassment that the children had not been kept clean for the home visit and already conveyed an expectation that she might be found at fault.

Mrs. P. was pregnant for the first time at 15 and married the father of her child. Describing him as a man she hardly knew, she described her motivation as needing to escape from a home environment characterized by incessant fighting between a brutal and terrifying father and a vain, self-centered, and critical mother. What Mrs. P. most remembered of her childhood home was her intense fear of physical attacks from her father and her sense of betrayal when her mother neglected to shield her and her six siblings from his violent onslaughts. Unfortunately, the security she sought through marriage failed to materialize as her husband was soon called to the army and spent several years overseas. She had already decided to divorce him when he returned, an even greater stranger to her. This was then followed by another marriage, another baby, and another experience of failure to secure the needed protection, since her new husband soon revealed himself to be a drug addict who sold their possessions to maintain his habit. Having married "two losers," as she put it, she was in "no hurry to try it again." Instead, she was living with the new baby's father and "checking him out" before making a decision. Although she could verbalize that this man was different from the others and that perhaps she had at last found someone she could count on, she experienced intense anxiety when he asked her to marry him also a fear that he too would finally let her down.

Mrs. P.'s relationship with her parents had set the stage, it seemed, for her pervasive feelings of mistrust, and her relationship with untrustworthy men had further confirmed her inner conviction that she was unworthy of care and her expectation that the world would not provide for her. "Unless you take care of yourself, no one else will," she told the social worker when describing her need for vigilance lest her children receive less than others in the day care center. "It's me against the world," she announced one day when complaining that the teachers had singled out her child for punishment. Having come to motherhood feeling cheated and not protected by her own mother, she was determined to be a "better mother and protect her children from harm. This harm had come to include the teachers, whose concerns over her children's disruptive behavior were perceived as if they were attacks upon her. Mrs. P.'s characteristic way of dealing with these "attacks" was to externalize the blame onto others and to find in their actions the provocation for her children's misbehavior. To acknowledge the basis of the teachers' concern, this "better mother" would have had to acknowledge her own responsibility for her children's behavior and to experience ultimately the intolerable thought that, like her mother, she too had failed. By projecting her own sense of self-blame for being a bad mother onto others, she attempted to ward off the anxiety in understanding how her own need to over-protect her children and her inability to limit them were related to her anger at her own narcissistic mother who had criticized but could not protect her. The critical teachers had become for her just new editions of her own critical mother. A grievance experienced in the outside world was greatly exaggerated and a defensive fighting for her children emerged. The teachers' reports must have felt to this mother like a terrible indictment, a symbol of her failure, matched as they were by an accusation from her own conscience, "You are a bad mother!"

From the beginning, the social worker came to recognize the interweaving of the parent-child issues with the intra-psychic conflict that had emerged from this mother's experiences as a child herself. Mrs. P.'s intense preoccupation with what others got and she did not, her need for vigilance so that she could assure herself that she would get her share, and her distrust that she would get it unless she fought for it, emerged as salient characteristics as she began slowly to describe the battle in her childhood home for even the small store of parental care that was available. Mrs. P. had learned young that one way in which she could seek the needed love was through the admiration of men for her sexy body. In contrast to her sister, who was a "nice girl," Mrs. P. had early come to understand what it was that men wanted from her. In later work with the social worker, Mrs. P. was to return again and again to the difference between this beautiful, respected, and "uppity" sister, who had secured through marriage a man who could protect and support her, and her own circumstances of being alone in the world, needing to care for her children without feeling cared for herself. She described herself as a "martyr," and indeed her stance of martyrdom seemed both a representation of her sense of having been neglected and her masochistic way of dealing with her own guilt about her promiscuous past. Having sinned, she had to suffer.

Early work with Mrs. P. was essentially supportive in nature as the social worker sought to establish a relationship in which this fearful woman could begin to experience a sense of warmth, concern, and acceptance. Assistance during the intake process involved a sensitivity to Mrs. P.'s needs as a result of her advanced pregnancy and the active provision of guidance regarding child care possibilities for the soon to be born baby. Recognizing her striking inability to reason and talk with her children, the social worker helped Mrs. P. prepare her older children for entry by actually modeling a method of talking with them about their new school. When the baby was born, a visit to the hospital was gratefully received and further seemed to strengthen the emerging trust in the worker as someone who cared. Summer camp plans for Rochelle were pursued and provided an example of the social worker's ability to translate her concern into action. Discussions regarding child-rearing issues, and in particular limit-setting, were hampered, however, by Mrs. P.'s need to deny the seriousness of her children's problems, especially Rochelle's, and to attribute them to mishandling on the part of the teaching staff. Incidents of her children's unprovoked aggression, intolerance for limits, inability to share with and their need to take from others, infantile behavior, and temper outbursts were seen to be the teachers' fault, for how could their reports be true when hers were such "perfect children" at home? Paralleling the need on the part of this mother to externalize the blame onto others was the manner in which she externalized onto her two children the more poorly integrated parts of her self-representation and identified with those qualities that she had no doubt helped to instill in them. Dorothy was the active, assertive, vigilant part of herself who would fight for her share. Rochelle was the well-dressed, sexy girl who would have all the boys chasing her and get into trouble at 15.

Dorothy's behavior at entry into preschool reflected well her mother's externalizations. Her demandingness and provocative snatching seemed constantly to ask: What will be taken from me? The concomitant entry into day care and impending birth of her younger sister made it difficult for us at first to sort out the sources of her oral demandingness. Clear, however, was her panic reaction to wetting herself on one occasion only. We inferred that she had internalized the idea that being a good girl meant being a clean girl. By 6 weeks, she seemed to have dealt with many of her feelings about entry into day care and the impending rival by somewhat decreasing her demands and by increasingly identifying with a mothering role as displayed towards other children.

By the 5 month assessment, Dorothy's demandingness and anxious vigilance had been further modified. On the mother's part, a beginning sense of being given to and of trusting the worker was reflected in her increased ability to give to her children. At the same time, as her sister's request to enter her children into day care, and, specifically, to have contact with the social worker, was both realistically denied and then extensively discussed, Mrs. P. could begin to change her inner sense of always having to give in to her sister and to be the martyr for her sins. This allowed her to see how she tended to blame everything on Rochelle and let Dorothy get away with things. Her decreasing sense of martyrdom in turn strengthened her ability to limit the children by lessening her fluctuation between giving into them and then suddenly taking everything away.

Most important, though, both by the 5 month point and continuing into the next period up to the 12 month point, was the increasing affection and trust that the mother could show toward her boyfriend. Before elucidating this working through and the resistances involved, we will again first summarize the specific impact that could be observed on the children. Given the intense rivalry of the two girls, it was not surprising that this would now focus as well on the affection of the boyfriend. The boyfriend, who was actually increasingly playing the role of the father, would now quite objectively resolve this sibling rivalry. This was very consistent with the kind of confrontation around sharing that Dorothy was experiencing during the day at the preschool center. As Dorothy felt more given to by the boyfriend, she allowed herself the use of her appearance and her body to attract her new "Daddy." His limiting of her seductiveness in a gentle way would in turn help her to ease her sense of having constantly to fight to be the special one.

Directly related to the sense of parenting Mrs. P. had derived from her childhood were the difficulties she experienced in her relationship with her boyfriend. Her deepest concern that on one could possibly continue to esteem such an unworthy, denegrated, and prostitute-like person was enacted in her expectation that he would not only disappoint her and let her down but that ultimately he would beat her. She had to test him and provoke him to become the frightening and violent man of her childhood and to seek in him those confirmations of her inner certainty that she could not be loved. "You can't be too careful," she explained, when describing her need to hold him at a distance and to protect herself and her children from his inevitable abuse. In a vivid way she recalled how she wanted to strike him when he scolded the children and how this was related to her underlying fear that he might attack them first. Recalled in the treatment were her memories of her rageful father who had lashed out at them without provocation while her vain and unprotective mother had stood by and let it happen.

Gradually, during the period up to the twelve months point, Mrs. P. was able to link her own responses to her boyfriend, and, in particular, her inability to trust even this trustworthy man, with her growing-up experiences in the home of her own parents. In an early session, when the social worker had asked her to describe what her boyfriend was like, her reticence was striking, and this verbal woman could not find words to depict a man she had finally to admit was "sweet, kind, and compassionate." She talked instead of how she had walked out of two marriages without possessions, leaving all behind, "with no strings attached." She reveled in her "independence," in how she was a women's libber, and in how she had "started from scratch" and done it on her own, "with no one's help." She would rather, she announced, receive her meager welfare grant than rely upon his higher earnings, since "the welfare is mine."

As Mrs. P. slowly recognized the sources of these feelings, and how the intensity of her stance of independence betrayed its opposite, she began to mull over the relationship between her fears of closeness and the ways in which she did not permit this man to take care of her and the children. She described, for instance, the heated battles that occurred around the dinner table when he insisted that the children eat and she that it was not important. She responded to the social worker's exploration of her feelings as she battled with this man by attributing his insistence that the children eat to his early years of poverty when food was previous and hard to come by. When the worker referred to Mrs. P.'s early years in which her own parents had battled, she was able to bring out how she was actually plying her children with sweets before dinner and then would sit back and await the confrontation. The boyfriend, she acknowledged, had been cast into the role of saying "no." He would be the mean and angry father whom her children had to fear while she, unlike her mother, would protect them from him. "They're my children," she exclaimed with intense emotion, as she once again confirmed her need to hold him at a distance.

As the social worker continued to explore with her the source of these feelings and the purpose they now were serving in her life, Mrs. P. was gradually able to differentiate between her past and present experiences and to see this man for what he was. This then resulted in her increased trust in him and a greater stability in their relationship. Recognizing that her fears had denied her the very closeness she had wanted but did not expect, she was able to join him more and more and say one day, "I protected myself from the good that could come too."

While Dorothy's growth had been considerable, a sense of plateau had been reached at about the 12 month point. The vigilant "What is mine?" was still there, and she still seemed distrustful that she could ultimately attract someone like her present daddy. Equally salient was the mother's need to deny any remaining difficulties, and this was now especially true in regard to Rochelle. Repeated attempts toward the end of the first year to discuss the children's problems with this mother were met by resistance as she continued to find in the external world sufficient provocation for their misbehavior and, in the transference to the social worker, to seek the good mother who would protect her from the critical others. Testing to see if this "good mother" would shield her from the others, she subverted the discipline of the teaching staff by asking the social worker to intercede for her, and, when this failed, by keeping her child home so that she would not need to face the consequences of her behavior. An oversight on the part of a teacher was greatly distorted as a symbol of the teacher's dislike and the mother again attempted to involve the social worker in the ensuing confrontation.

No amount of support seemed able to help Mrs. P. overcome this pattern and move to a stance of receptivity so long as she continued to idealize the non-critical social worker as the embodiment of all that was good and to seek in their alliance the all-powerful protector. The social worker chose, therefore, to further and deepen the work by helping Mrs. P. understand this resistance. It was not until this mother began to experience the intensity of her expectation of censure in relation to the person she trusted most, her social worker, and not until this could be interpreted again and again, could further change begin to occur. Bringing the client's anticipation of criticism now directly into the therapeutic relationship, and illustrating how her responses toward the worker whom she had trusted were now similar to her responses to others, the social worker could help this mother begin to understand her difficulties while she was actually experiencing them. Not unexpectedly, Mrs. P. responded with resistance to the first efforts of the social worker to help her recognize that she was resisting and to explore with her why she needed to do so. Missed appointments and a sudden inability to take time from work emerged. When contact was re-established, the client's longing to be cared for and loved on her own terms, to seek from the social worker continued gratification, and to ward off the painful affects underlying her avoidance, were evident as she denied the existence of the resistance, minimized its impact on the work, or rationalized it away.

The day care setting in which Mrs. P. was seen threw certain issues into sharp relief and posed a special challenge to the work. For here was a mother characterized by extreme defensiveness relating to her adequacy as a parent now confronted by daily evidence of her children's troubles. Given Mrs. P.'s own history of poor parenting, it is not surprising that when witnessing the misbehavior of her children, she needed to attribute it to the misbehavior of the poor parents in the school. Having had a bad parent, and now feeling like a bad parent herself, she sought and found a world full of bad parents, externalizing onto them her underlying sense of failure and criticizing them in order to ward off the feared criticism from herself and others. Mrs. P.'s tendency alternately to threaten and bribe her children to secure compliance was paralleled by her perception of the parenting she observed on the part of the teaching staff. If the staff limited the children by imposing a restriction, if they excluded the children, for example, from a certain event, they were felt to be singling them out unfairly, and the staff's confrontation of the children's provocations with clear notions of consequences was perceived to be a threat. If the staff reasoned with the children and succeeded by talking with them to secure the desired response, they were seen as "spoiling" the children. Mrs. P.'s own fluctuation between being the excessively giving mother, the one who purchased toys for good behavior, and the sudden snapping, depriving mother, who one day threw out all her children's toys, found its counterpart in her perceptions of a staff who either indulged too much or punished too harshly.

An important focus, thus, of the interpretive work with Mrs. P. related to this tendency of hers to externalize her sense of bad parenting. She imagined that others would find her wanting and would reject her, and thus she had to fight against them. Her children, in turn, had learned early to exploit this trait to their own good ends and to avoid the school's discipline by arousing their mother's vigilance. Their welcome for her when she came for them at night was often a petulant recitation of the day's grievances. Mrs. P.'s message to them was that the world was critical and not inclined to give them much. In that sense, it had become the bad parent they too had to fight.

Mrs. P.'s response to the social worker's early attempts to demonstrate her resistance and the feelings that it might be serving to avoid was to deny such feelings and to intensify her criticism of the staff while at the same time she ciung tenaciously to her idealized image of the social worker. It was as if she had reserved all her positive feelings for the worker and displaced the negative ones onto all the others in the school. The director was a cold and unfeeling person who singled out her daughter and deprived her of her share of fun when she was no worse than the others. The other social worker, whom she did not know, looked down on her. How fortunate she was that her social worker was so warm and understanding and gave her such a special sense of being valued. Yet, interspersed with this worship were found occasional flashes of anger and sarcasm as the worker persisted in exploring Mrs. P.'s feelings toward her by pointing out how different they were from her feelings for the others on the staff. "What's she done now?" Mrs. P. asked as she began each hour, as if to say "tell me the worst about my child and get it over with." The social worker's interpretations that Mrs. P. expected that she too would criticize her were met by thinly veiled contempt as she pointed out that surely all mothers want to be well thought of, as if to say that the social worker had simply voiced the obvious. In one of her rare admissions that there might also be some difficulties at home she described how she had slapped Rochelle when she had said she didn't like the baby. When the worker tried to explore this, she flashed with anger as she said that hindsight is easier than foresight and that one could not always be stopping to think about what to do. For the most part, however, Mrs. P. continued to revere the worker and to find shortcomings in every other person. When the worker persisted in interpreting this pattern in light of her resistance, Mrs. P. could no longer ward off her feelings and a striking resistance developed. She could not take time from work for her weekly sessions but at the same time revealed that she was toying with the idea that she might quit work altogether. The social worker said that if Mrs. P. quit her job, she would no longer need the day care and thus not need to see the social worker. Gradually, Mrs. P. began to bring out her past as a rejected child, her memories of her own "rotten mother" who had pampered herself and not even noticed when Mrs. P. was gone from home, and, eventually, how much she wished that the good social worker had been her mother. Only then was she able to own up to her anger with the social worker and the intense feelings that had finally broken through. Mrs. P. described in vivid detail how she had felt abandoned as a child and how the social worker was now seeming to be like her own demanding and rejecting mother. The social worker's actions stirred up great anger in her, which she could not show, because, if she did, she might be abandoned once again. Only then could Mrs. P. begin to recognize that her inability to express anger toward her mother, whom she showered with gifts, was related to her fear that if she showed her anger toward the worker, and withdrew her gifts of praise and worship, she once again would be alone.

As Mrs. P. permitted this material to emerge and interpretations were extended and deepened, a change was noticeable in how she talked about her children with less defensiveness and was able to examine the relationship between her inner feelings and her style of parenting. Responding to interpretations that her concern that the staff not "spoil" the children might be linked to her fear that they had indeed been spoiled -- that is, damaged, by her, she talked openly about her difficulties as an adolescent mother whose depression and withdrawal from her baby had fed her feeling of being a bad parent. This then led to a gradual acknowledgment of her older daughter's need for treatment and her ability to follow through on a referral to a clinic. Not unexpectedly, Mrs. P.'s fears of censure were revived as she asked the social worker to accompany her to the clinic and revealed her certain expectation of censure. Would the therapist discern her daughter's lies, she wondered? As this material was worked through over a period of time, the child's attendance at the clinic improved markedly.

It was also at this time of working through the mother's tendency to externalize her sense of being a bad parent that Dorothy entered kindergarten and at once aroused her mother's vigilance by saying that the children didn't like her. She feared things would be taken from her and sought comfort from her teacher through a series of injuries. Things came to a head when the price of milk was raised 5¢. She hadn't had enough money and went home bitterly complaining that the teacher had deprived her of the milk. She attempted to incite the Center staff by quoting the teacher as saying: "That Center." Interpretive work with the mother this time led to a quick resolution. Dorothy subsequently made clear to her mother that her kindergarten teacher was really okay.

The work surrounding Mrs. P.'s intense jealousy of her sister received further focus during the second year of treatment. This was the sister whom Mrs. P. described as beautiful, refined, and cared for, the one whom men respected and regarded like a lady, the one who had confirmed her right to preferential treatment through marriage to a man who had provided well. "She's spoiled rotten" Mrs. P. declared one day as she described how her sister had come to visit her and expected to be waited on and treated like a special guest. Her bitterness seemed near the surface as she described how she had given in to this.

Extreme vigilance had characterized Mrs. P.'s conduct in the

Center as she sought to assure herself that her family received their proper share of attention and concern. This was understood, in part, as a displacement from her childhood home where she described how "everybody was on their own and had to take care of themselves." Thus, it was not surprising that her sister's application to the Center, which has already been referred to, and especially her request to see Mrs. P.'s social worker, would revive within Mrs. P. intense rivalry. There seemed to be a counterphobic quality in Mrs. P.'s urging that the social worker help her sister gain admittance and a feeling of forewarning as she predicted how the social worker, like everybody else, would find her sister beautiful.

"Wait till you see her," Mrs. P. repeated, as the date of interview grew closer. The sister's need for day care had arisen from her recent separation from her spouse, and to be eligible for the service, she needed to be working and to live in the community. When the sister indicated she was not yet ready to make these changes, and, further, when thoughts of reconciliation emerged, Mrs. P. interpreted her ambivalence as immature behavior and was critical of her inability to find a job and a place to live at once. There were apartments on Mrs. P.'s street, she pointed out, the street she had described as "Peyton Place," where "everyone is messing up, the kids are awful," and no one aspires to "better things." The people just move in and stay because "misery loves company," and one could speculate that Mrs. P.'s misery was now finding some measure of solace in the company of her sister's.

The social worker responded with caution in not providing service to the sister and, instead, helped Mrs. P. to talk more openly about her feelings. This brought out further material from Mrs. P.'s childhood years, and, in particular, her feeling that her sister's beauty had provided a degree of compensation for the indifference of their parents. Interpretations that Mrs. P. might fear the social worker's preference for her sister were met again by Mrs. P.'s assurance to herself that she was lucky to be so special but then gradually her admission of how she was aware of each new family who came into the Center and how this always made her wonder if something would be taken away from her. Relating this to how hard it was for her to feel close to others, Mrs. P. revealed that budding friendships with other mothers in the Center were quickly overwhelmed by her eternal need to know "who gets what around here."

This theme of envy gained a prominence in the work as Mrs. P. found herself in a setting where she daily saw her need to share her social worker with her "sisters" in the Center and to test in different ways whether she could be the favorite. She asked the social worker to help a neighbor on her street and to intervene with her own psychotic brother. She requested extra time and called the social worker at home. When her sister moved to another state, she asked the worker to propose a clinic for her niece while at the same time she was resisting an awareness that her own child needed treatment. She reported with thinly-veiled elation that her sister now had troubles. "All that glitters is not gold," she said, as she described how, with all her sister's beauty and attractiveness for men, she too was now needing to "start from scratch."

Mrs. P.'s reliving of her envy of her sister in the transference to the social worker was a most productive phase of the work. No doubt fearing that if she revealed such feelings she would lose her special spot, she responded with denial when the worker probed her praise of her as someone who was close to perfect. It was the social worker who really deserved the vacation she was taking, the great job she did so well, the happy marriage she surely had, for hadn't she worked hard for them? In an emotionally intense session in which the social worker had linked Mrs. P.'s problems with a neighbor with her envy of her sister, her envy of the social worker broke through as she said, "If I'm gonna envy someone, it will be somebody like you." When the worker asked her to elaborate, Mrs. P. described how the social worker had no worries and that whatever worries Mrs. P. had, she must certainly deserve, since she had not improved her lot in life. Perhaps now fearing the social worker's response to her revelation of envy, Mrs. P. suddenly needed to leave, although her hour was not up. Looking at the clock, she said, "You must have someone else coming to see you."

Mrs. P.'s strong feelings of envy were revived once more after visits to her sister who had by now found another man to take care of her. Once again her relationship with her boyfriend was thrown into turmoil as she complained bitterly that he could not give her the things her sister had. At the same time, Mrs. P. was quick to point out her sister's shortcomings with her children and to attempt to elicit from the worker a judgment that her sister's children had been damaged. When the worker interpreted that Mrs. P. wanted to be the favorite, she recalled again how she had always been the lesser and how she needed to fight for everything she got. It was in this connection that work could now be done on Mrs. P.'s need to draw the social worker into battle, to have her fight for her by pointing out how others were abusing her. Again she was the person who had much less than others.

As these issues were worked through, the insights gained by Mrs. P. led gradually to important changes in her life. The understanding and interpretation of this mother's current difficulties in terms of past experiences proved crucial in the work and led to a gradual loosening of destructive ties with the past and to her emerging wish and increased ability to encounter life on new terms. At the end of two-and-one-half years, Mrs. P. could express that she had never trusted anyone as she had trusted the social worker and that she could now also trust that she would be taken care of by her man. Although these issues had not been completely resolved, a new qualitative level had been achieved as she looked forward to moving into a home of her own and, in the words of her child, leaving the cockroaches behind. Expressing her sense of this growth, she looked back one day with the social worker on her struggles and recalled, "I used to think that suffering was my lot in life." When Dorothy was asked to tell a story during the 24 month assessment, with a knowing smile she told the story of the boy who cried Wolf just once too often.

III. THE PROBLEM-ORIENTED APPROACH

In its second year of operation, Culver City Children's Center expanded its program of social work intervention to include a problem-oriented response, which then became the approach used with all parents of children admitted during the next year. As with the open-ended, long-term approach, this too was based in psychoanalytically oriented casework and was supportive and/or interpretive. The difference lay in changing the open-ended aspect to a focus on specific problem areas, with the result that the duration of the intervention was usually short-term rather than long-term. Although aware of other areas that might potentially interfere with future adjustment or development, the social worker confined herself to those particular problem areas which she and the parent had delineated, and when that piece of work was finished the contacts were usually terminated, with the parent encouraged to return for help in the future should the need arise. In certain respects the problem-oriented approach as we used it fit within the model of brief or short-term therapy which was receiving such wide attention in the mental health field. However, we maintained a flexibility within our response so that, in practice, an intervention evolved which combined aspects of both the brief and the on-going models. As in brief therapy, we did delineate the problem or problem areas and we did attempt to confine ourselves to those. As in on-going therapy we did not restrict ourselves to a pre-determined limitation on the number of sessions, nor to a rigid adherence to termination if it seemed advisable to work with new or newly-revealed problems after those originally specified had been adequately dealt with. Although not a requirement, the problem-oriented approach usually did result in a relatively short-term involvement.

While problem-oriented intervention could be supportive and/or interpretive, our experience found it to be predominantly supportive, and best suited to those with adequate ego strength who previously had made a satisfactory adjustment which had broken down under stress. In other words, the functional impairment of the ego was of a temporary nature and could be restored through predominantly supportive measures. In assessing ego functioning we looked to the person's capacity for reality testing, object relations, regulation of drives, thought processes, defensive functions, autonomous functions, and the synthetic function. Chronic conditions in which the ego's functional impairment was caused by unresolved emotional conflicts of childhood seemed to need the more interpretive intervention. They also seemed less amenable to the circumscribed nature of the problem-oriented approach, and appeared to require the greater latitude inherent in the open-ended response. The technique we used in the problem-oriented approach was basically that which is characteristically associated with brief therapy: namely a technique which is active, focused, goal-oriented, circumscribed, warmly supportive, action-oriented, and concerned with present adaptation. In dealing with a specific problem constellation, in aiming for the resolution of a present conflict or discomfort, this technique is in distinct contrast to long-term therapy which tends to be more passive, reflective, open-ended, patient-steered, and is oriented toward feelings, self-understanding as a prerequisite to action, and the reflections of the past in the present with the hope that lasting changes will be effected by the extended exploratory working together of patient and therapist. Our use of a predominantly supportive approach in the problem-oriented response did not preclude selective interpretations of unconscious material, i.e., statements linking present functioning to the transference or to the past. However, insights were more often achieved through the technique of clarification, i.e., helping the parent to clarify her feelings, including the nature of her fears, object relationships, attitudes, and different choices of actions. This refers to conscious and/or preconscious processes of which she was not sufficiently aware but which she recognized more or less readily when they were presented to her.

The initiation of problem-oriented intervention was very similar to that involved in open-ended intervention in that it resulted from an assessment of need made either during the intake and entry process, or at a later point in the day care experience. Both types of intervention emerged from the same bases: (1) a request from the parent because of her perception of a need for help; or (2) initiation by the social worker because of problems perceived by her and other members of the staff. This second basis included concerns involving problems in a child's adjustment, in parent-child interaction, or in a parent's own life which might be adversely affecting either of these other areas. Another factor common to both types of intervention was the importance of the first contacts in establishing a working relationship that responded to the needs of the parent as a person as well as a parent. It was in these earliest interviews, dealing with intake and entry, that the groundwork was laid for the therapeutic alliance which would later be so crucial to the outcome of the intervention. The relationship established at the beginning was one to which the mother could return for help in the future, and our findings indicate that this initial relationship both enabled the mother to request the help and greatly contributed to the effectiveness of the problem-oriented approach.

The process of defining the problem or problem area was an integral part of the intervention itself, for it sought to engage the mother in identifying not only what was perceived as the immediate pressing difficulty but also what was similar about this and other present or past difficulties. With the recognition of pattern, of certain areas or kinds of problems with which she could not cope at her usual level, comes the recognition of certain feelings or conflicts which interfered and would continue to interfere until they were understood and resolved. The "problem" was defined and dealth with, not as a specific isolated entity for which a specific "solution" was being sought, but in the dynamic context of the total person in a total life experience. Thus, "my stepson is beating up his little brother" became "I cannot assert myself with my stepson because of my overwhelming sense of inadequacy and guilt in relation to his father and our failed marriage."

The following case illustration elaborates upon this approach. It also demonstrates a feature unique to a setting such as a day care center where the parents and the social worker are on the premises and may be in contact with each other at more than just specified interview times. This permits informal brief conversations which are often very productive, but it also risks damage to the treatment alliance because of feelings which may be aroused as a parent witnesses the social worker interacting with another parent. The case of Mrs. L.

offers an example of the problem-oriented approach in which the request for help was initiated by the parent, the problem areas were clearly defined and adhered to, termination was effected upon resolution of the problems, interviews were resumed at a later date when further help was needed, and the treatment alliance was clearly enhanced by the availability of the social worker for unscheduled, brief conversations.

> Mrs. L., 26 year old mother of Sara, age 3, Ronnie, age 10, and stepson Jeff, age 13, had separated from her husband several months before she contacted the Children's Center to arrange day care for Sara since it had become necessary to seek employment. During the intake and entry process she struggled to hide the unhappiness and guilt she was feeling about having to arrange outside care for Sara. The social worker verbalized her awareness of the feelings and the attempt to suppress them, and gradually Mrs. L. was able to express them more openly, both in tears and words, so that she was able to experience not only the relief of releasing the feelings but also some objectivity and perspective as she was helped to discuss the feelings in relation to the realities of her situation and various alternative solutions. The beginning of a treatment alliance was established in this early experience of being received and responded to with warmth, empathy, and respect for feelings and innate strengths. Through the technique of clarification (of feelings, fears, choices) she was helped not only with her immediate distress but she was also provided with a model for dealing with future difficulties. Most importantly, she had her first experience with a therapeutic relationship to which she could, and indeed did, later return.
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> For two months after Sara entered the Children's Center, contacts with Mrs. L. occurred on a random, unscheduled basis when both she and the social worker happened to be at the Center at the same time. The social worker's continuing interest in the specifics of adjustment (e.g., Mrs. L's in her job training, Sara's at the Center) matched by a concern for whatever feelings accompanied these adjustments, reinforced Mrs. L's awareness of the potential value to her of a helping relationship. Two months after entry, she contacted the social worker in great distress because of problems she was having with her stepson. The situation became critical to her before an in-person session could take place several days later, so a lengthy telephone discussion was held to help her clarify the problem, her options, and the feelings which were interfering with her ability to

make a decision. She was able to reach a solution which, for the time, was both practical and reasonably comfortable. A few weeks later, when it became necessary to revise the solution and she became aware of the effect this problem was having on her functioning in several areas, she again asked for help. A series of interviews was set up to focus specifically on helping her to return to her previously adequate level of functioning. This involved further exploration of her relationship with her stepson (complicated by the fact that she was now divorced from his father) and the understanding of how the feelings from that situation had now affected her adjustment with her younger children, her job, and her overall sense of confidence and self-worth.

Mrs. L. married her husband when she was not quite 17 years old. She loved children and was delighted to acquire a "ready-made family." Jeff was 3½ at the time; his natural mother had deserted the family when he was a baby and his paternal grandmother raised him until his father married Mrs. L. at which time they set up their own home. The marriage, which Mrs. L. ended after nine years, was filled with emotional and financial instability, gradually affecting a change in her from a cheerful, out-going person to one who felt mainly depressed, anxious, and inadequate. Jeff presented varying degrees of problem behavior throughout her experience with him, and at the time of her contact with us he was on the waiting list for treatment at a child guidance clinic. The two younger children had been easy and satisfying to raise; Mrs. L. was concerned about possible adverse effects on their adjustments as a result of the recent separation of the parents and her need to become employed for the first time. The problem about which she contacted the social worker seemed to confirm her fears in this area as well as to reflect unresolved conflicts and feelings in other areas. The precipitating incident involved her discovery that Jeff had been beating Ronnie, that a teenage niece who was in charge of the home while Mrs. L. was at work (and Sara at the Children's Center) was powerless to stop this or to control Jeff's behavior generally. The problem was compounded by the fact that the children were on summer vacation from school, and we were able to concretely help with one aspect of the problem by making room for Ronnie in our older group at the Children's Center. In this way, his whereabouts and safety were assured while Mrs. L. was at work. In addition Mrs. L. was helped to accept the validity of her desire to enlist the help of Jeff's father, a desire she had been resisting out of guilt that she might be "dumping" the child and her obligation to him. Jeff's father agreed that the situation required a firmer hand, Jeff was clearly asking to live with his father, and the father promised to begin looking for suitable housing. Several weeks later, Mrs. L. again contacted the social worker because of depressed, anxious, inadequate feelings that were affecting all aspects of her life. The situation with Jeff was still unresolved. Her ex-husband kept him with him each day at the garage where he worked but had not yet found housing so Jeff continued to live with Mrs. L. He was very much out of her control, coming and going as he pleased, loudly flaunting his disregard of all rules and restrictions, and occasionally hitting her. She felt hopelessly trapped, certain that her ex-husband was glibly promising something he had no intention of doing, and feeling too confused and guilty about her own obligation to consider more forceful action. The resulting distress had affected her perceptions of other situations and of her ability to cope with them. She was experiencing an anxiety about an approaching test on her job that was completely out of proportion to the importance of the test or to her already proven level of competence. She was needing to replace an almost defunct car and felt unable to mobilize herself, as if paralyzed by the issues of locating, verifying, and financing a suitable replacement. Inevitably, the strain of all this had affected her mothering of Sara and Ronnie so that it too was deteriorating.

A series of weekly sessions was set up with the problem-oriented focus of helping her to understand and deal with those feelings that were interfering with her normally adequate level of functioning. Through the appropriate, timely use of particular questions and comments, the social worker helped her to recognize that the core of the problem involved her feelings about Jeff and her ex-husband. Mrs. L. then expressed and evaluated her feelings of anger, disappointment and hurt about a failed marriage, of anxiety and inferiority about her share of responsibility for the failure, of uncertainty and guilt regarding her feelings and obligations toward Jeff. The social worker pointed out the connection between those feelings and her present state of anxiety and immobility, at the same time encouraging her to take a more objective look at the actual circumstances of the marriage and its decline, and at Jeff's problems and current needs. As the exploration progressed and Mrs. L. began to sort out the valid feelings from the irrational ones, she recognized her readiness to assume that she is inadequate and she linked this to the steady assault the marriage had made on her self-esteem. She recognized a resultant tendency to overlook her accomplishments and to feel overwhelmed by what remained to be done, at which point she was then able to use the social worker's help in sorting out the areas that were most stressful and in accepting the strengths she did possess which would help her deal with them. She gradually achieved a clarity and balance which enabled her to move toward resolution of the problem areas, accepting the fact that not all the solutions would be totally comfortable but would be the most appropriate and beneficial for her and her children. This was especially true as she moved into a firmer stance with her ex-husband, making it clear to him that financial and parental responsibility for Sara and Ronnie was the most she could be expected to handle (he often promised but never provided child support and maintained only sporadic contact with them) and that he would need to assume the full responsibility for Jeff. The unaccustomed firmness with which she warned that she would force this through legal means if necessary obviously impressed him for he suddenly found it possible to have Jeff live with him. Her ability to reach and implement this solution to her most distressing problem, together with the ability to recognize and cope with the feelings aroused by both the problem and the solution, resulted in a renewal of the sense of strength and adequacy which had been developing since her divorce. This was soon reflected in improved relationships with Sara and Ronnie, a marked decrease in anxiety about her job, and efficient replacement of her old car. This was accomplished in five sessions at which point the social worker raised the question of discontinuing the regular contacts with the understanding that Mrs. L. could return in the future as needed. Referring to a life-long conditioning of being expected to cope unaided, Mrs. L. expressed the fear of hesitating to request help in the future, and asked to continue the regular sessions a while longer. However, she cancelled the next two sessions and was then able to recognize that her fear of hesitating to request help in the future was based on an unrealistic unsureness of her welcome so that she could then permit her present readiness to stand on her own to assert itself. In the ensuing 14 months, Mrs. L. had two more occasions to contact the social worker, clearly recognizing that her need was for help with her feelings about a specific problem situation, and receiving that help in a single session each time. These additional problems shared a common theme with the original one, namely they involved her finding herself in an untenable position as a result of her ex-husband's irresponsibility. The mixed feelings she continued to have about him, the anger and hatred for what he had put her through, as well as the love which had attracted her to him in the first place, made it difficult to move toward the only logical solution to the problem, especially since in one instance this could have involved his going to jail. The opportunity to sort out those feelings again enabled her to proceed with whatever was required to protect herself and the children.

The following is an example of a variation of the problem-oriented approach which included elements of the open-ended in that it was on-going rather than short-term and there was some latitude in the selection of problem areas to be dealt with. This mother was seen over a period of thirteen months, for a total of 24 sessions. The first four sessions were on a weekly basis, those during the next four months were at bi-weekly intervals, and those of the next eight months mainly on three-week intervals. The techniques used were both supportive and interpretive.

> Mrs. N, a beautiful 26 year old woman applied for full-time day care for Robin, age 4, and extended day care for Gary, age 8, several months after ending an 8 year marriage that had been in difficulty from its beginning. She was employed full-time as a receptionist in a large office and, because her ex-husband's child support payments were undependable, she was unable to meet the expense of a full-time baby sitter. The very reasonable fee she would be required to pay the Children's Center was one she could manage alone if the child support payments continued to arrive so erratically. During the intake and entry process she revealed profound feelings of inadequacy, instilled by parents who were cold, critical, and withholding, and reinforced by a husband whose behavior towards her was quite similar. She had received some help with this during and for a short time after a brief involvement with marital counseling, and eagerly accepted the opportunity to work with the Children's Center social worker on the problem of increasing her sense of adequacy in order that she might better cope with those areas of her life which were most important and most troubling, specifically her parenting, her boyfriend, and her job.
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> At the time she entered into this problem-oriented therapy, Mrs. N. approached all relationships, including the one with the social worker, with the anxiety, hesitation, and constriction typical of someone who has experienced much rejection and anticipates only more of the same. Her parents and later her husband had shared the pattern of freely expressing their criticism of her and of combining their frequent compliments with so many

reservations that even praise ultimately became little more than additional criticism. As the social worker pointed this out to her, showing how it had led to her profound unsureness of herself and her rights (e.g., the right to have, enjoy, and be loved by a boyfriend, to demand child support, to enjoy her own pleasures away from the children) Mrs. N. linked this to her lifelong attempt, evident even now, to please an ever-critical mother. Feeling understood and accepted as she wept with the pain and frustration of this unsuccessful pursuit, she was then able to face the futility, to recognize areas in which the pattern was continuing and to use her new insights to bring the pattern to an end. A dramatic example involved her decision to decline a parental suggestion that she come to their home in the midwest for Christmas, and to choose instead to go on a skiing trip with her boyfriend while the children visited with their father, a plan which was infinitely better for all concerned. As she and the social worker continued to explore the connection between her background and her present expectations of rejection, she was increasingly able to recognize how her own low estimate of herself led her to assume this was everyone's view of her. She began to evaluate specific experiences from her daily life -- on the job, with the children, her ex-husband, her boyfriend -- from which she invariably emerged feeling defeated, frustrated, and resentful because her handling had been ineffectual and her needs had not been met. The social worker clarified how her expectation and fear of rejection prevented her from making her needs known and from asserting her very real adequacy, and interpreted those feelings from the past which were responsible for this. Responding to a therapeutic approach which both interpreted the dynamics of her behavior and supported the assertion of her strength, Mrs. N. developed new patterns of response, of self-expression, of relating, of coping. Success encouraged her to continue and to broaden her gains which involved several new friendships, the resolution of certain conflicts on her job which had previously felt insoluble, the achievement of a more secure relationship with her boyfriend which included a more satisfying sexual adjustment, and an improvement in her handling of the children resulting from an increased strength and confidence in her parenting. In discussing problems in her relationships with the children, the social worker had helped her to face and understand the feelings which lay behind her actions which were proving so ineffective. Once the feelings were understood, she had been able to modify them and subsequently her actions. For example, she was concerned about her inability to cope with Gary's disobedience and defiance. She described her discovery that her habitual facial expression with him was a frown, her usual voice was shrill and angry, and yet she was unable to discipline him in a firm, consistent manner. Using the social worker's help to explore her feelings, she became aware of a deep-seated resentment towards the child because his conception had necessitated the marriage which had been so unhappy.

This insight, together with her feeling of how unfair it was to hold Gary responsible, enabled her to feel less resentful so that spontaneous warmth began to appear. She was also helped to understand that her inability to exercise the firmness Gary needed was based on her guilt and fear that he would sense her resentment of him. As the resentment decreased and the warmth increased, Mrs. N. became more secure in her approach to him, and Gary in turn responded with his own warmth and improved behavior. In similar explorations of her feelings towards Robin, with whom she had always had a very affectionate relationship, she became aware of an inability to follow through on discipline because of a fear that Robin might feel unloved and unloving as she herself had felt as a child. Once she was able to differentiate between the coldness of her own parents who were truly ungiving people, and the kind of discipline which is appropriate and necessary to a child's development, she no longer worried about inducing feelings of rejection -- to or from the child -- and she was able to resolve several areas of behavioral difficulties.

As the changes in functioning became apparent, the social worker suggested a reduction in the frequency of the sessions so that Mrs. N. might benefit from both the social worker's confidence in her capacity to continue her progress more independently, and the concrete experience of trying and finding that it worked. This is indeed what happened, and many of the later sessions that were three weeks apart contained discussions of specific situations which in the past might have produced an immobilizing anxiety but which she was learning to deal with appropriately and effectively.

IV. CONSULTATION AND THE SELECTIVE USE OF SOCIAL WORK INTERVENTION

In its third year of operation, in an effort to determine ways in which a day care center might use a social worker for consultation as well as for selective direct service, a third approach was added to those already in use at Culver City Children's Center. In our original models the primary helping relationship offered to the parents was with the social worker. We began with open-ended and usually long-term intervention; later, we added intervention that was problem-oriented and usually short-term. The open-ended response, which was interpretive or supportive or both, dealt with issues in parent, child, and parent-child development, with the social worker actively interested in all areas that interfered with development. For about a year after the Children's Center opened, this type of intensive social work contact was offered to all parents. In many instances considerable, and at times aggressive, reaching out was necessary to overcome initial or subsequent reluctance by a parent. A clinical question which gradually arose as we pursued this approach was whether a parent might have made different, more dynamic, active use of the help had we waited until she had formulated her own perception of the need for such help, or at least had begun to experience some problems in her or her child's use of the day care experience. When we added the model of problem-oriented intervention, we were responding partly to this clinical question and partly to the challenge of broadening the scope and applicability of our work with parents. In the problem-oriented response, which was also interpretive and/or supportive, the social worker confined herself to certain areas even though others might potentially interfere with future development; the contacts were usually short-term and the parent was encouraged to return as needed. The addition of yet another use of the social worker arose from clinical questions dealing with the issues of responding to a parent's perception of problems and need for help, from clinical and practical questions of differentiating types of problems and deciding which professionals in the setting might most appropriately offer help, and from the practical consideration of using the social worker's special knowledge and skill in ways that would benefit as many as possible in a day care setting.

This third model involved a change in emphasis on the use of the social worker from direct service to the parents to consultation with the director and other staff. These consultations took various forms ranging from spontaneous brief discussions to formally scheduled conferences. They involved a variety of people in a variety of combinations, for example, the director alone, a teacher alone, several teachers from one classroom, the director and one or more teachers, or the total staff in one of the weekly staff meetings. The family under discussion may have been new to the day care center or it may have been known over a period of time; it may have been a family with whom the social worker had been in contact only during the intake and entry process, or she may have known it more extensively through some form of therapeutic involvement. Consultations may have been initiated by the social worker or by members of the staff, depending on the nature of the concern and the purpose of the discussion. Examples include a social worker initiated conference with the director and a teacher to work out ways of helping with the entry of a new child whose mother is having an exceedingly difficult time with separation; a teacher-initiated conference to discuss a mother who is reacting with unexplained hostility toward her; a director-initiated conference to evaluate the effects on certain children and parents of moving the children from the younger to the older classroom; a staff meeting discussion about the advisability of recommending delayed kindergarten entry for a particular 5-year-old, with special concern about the anticipated negative reaction from the mother. Some areas of concern were resolved in a single conference, but others required a series of discussions. An example of the latter involved a mother who developed a pattern of bringing her little boy when we opened at 7:00 o'clock in the morning, much earlier than her working hours required, in order that she might chat for long periods with various staff members such as teachers, the cook, and the janitor. Not only did this interfere with the tasks and attention of those staff members but, more important, it accentuated for the child how insensitive and unavailable the mother was to him and his needs. He had presented behavior problems since he began attending the Center and it was noted that his upsetness was highest in the mornings, gradually decreasing as the day continued. It seemed likely that a morning routine in which he was rushed to a day care center in order that his mother might then stand around visiting with people was sufficiently confusing and upsetting to aggravate his emotional distress and subsequent misbehavior. It was clear that the mother should be asked to discontinue this routine for the sake of the child, but it was also recognized that the routine was meeting certain needs of hers which were important to understand and respect. Shortly after entry, the mother had accepted, sampled, and then rejected social work help, loudly insisting thereafter that it could have no value to her. Therefore, since the current problem could not be approached through direct social work intervention, it was decided that the director would attempt to work with the mother herself, in consultation with the social worker. A series of conferences were held in which the social worker helped mainly through alerting the director to the dynamics of this mother's feelings and behavior, the best approaches to use as well as those to avoid, and the limitations of what could be expected in results with a woman as troubled, needy, and resistant to help as this one. Although results were limited as predicted, there was some modification of the problem and, because of the careful work, it was accomplished without increasing the mother's negative feelings toward her child.

The following example illustrates the use of the social worker as a consultant in a staff meeting as well as in individual conferences with a teacher. The problem involved 5-year-old Jane who had attended the Children's Center since age 3, was now in kindergarten in the public school, and in extended day care during the hours before and after kindergarten. In response to her concern about problems Jane was having in learning and behavior, the kindergarten teacher was invited to a Children's Center staff meeting. The social worker shared pertinent information about the family situation as she knew it from her work with the mother during intake and entry as well as from periodic problem-oriented sessions. Both the kindergarten and day care teachers found this valuable in planning their separate contacts with the mother from whom they needed very specific help to supplement their work with Jane. In learning of the mother's ambivalent feelings toward parenting generally and toward Jane specifically, they were able to devise approaches which tapped the positive feelings and enabled the mother to provide Jane with several kinds of concrete assistance and support. The day care teacher conferred with the social worker twice more, to verify her perception of the mother's present attitude and actions as well as to develop additional approaches which might be productive.

In this third model, the shift in the use of the social worker from direct intervention to consultation meant that instead of the social worker's automatically assuming responsibility for the primary helping relationship with the parents, this relationship was now offered by the director who then consulted with the social worker whenever the need arose. This approach did not preclude direct social work intervention but rather insured that it be undertaken only after the consultation approach had been followed. When it was undertaken, the direct service was geared specifically to the needs of the parent and the problem for which help was being sought; the approach was open-ended or problem-oriented according to clinical indications. The timing of the intervention was flexible and clinically determined; in some instances it began at intake and in others it was undertaken much later in the parent-child experience with the Center. In the consultation model, as before, the social worker engaged with the parent in the intake process, but now the director was also an active participant. A joint intake interview (parent-director-social worker) provided the opportunity for the necessary exploration of background material, present situation, and specific problems or concerns as well as an opportunity for the parent to begin a relationship with the director who would be of immediate help and the social worker who might be called upon at some point in the future. Unless immediately contraindicated, the ongoing relationship following the joint intake interview was between parent and director, with the director arranging and helping with the process of the child's entry. The entry process itself remained the same as that which had proven so effective, namely a gradual introduction to separation and the group placement through a series of visits of increasing duration. As the director worked with parent and child during this period of entry and initial adjustment, she consulted with the social worker whenever she felt the need for help in further understanding a problem or in finding ways to deal with it. If such consultation had not been necessary about a family, the social worker and director discussed the situation at the end of the intake and entry process in order to reconfirm their initial impression that social work intervention was not indicated at this time. The teacher's view of the child's beginning adjustment was a valuable addition to this consideration. The social worker then wrote a formulation based on our "Guide to Assessment of Parent and Child Mental Health." (See Appendix I.) The formulation concluded with an assessment of whether there was a need for help for parent and/or child -- and whether that need would most appropriately be met by social work intervention, counseling by the Center director, or by referral to an outside resource. With most of the families involved in this consultation model, the initial assessment recommended that the Center director be responsible or available for the primary helping relationship. It was clearly understood that if in the future a family demonstrated a need for help outside the scope of what would be appropriate for the director to offer, the initial assessment would be amended. Also, if social work intervention seemed indicated during the intake process and proved not necessary beyond that point, the initial assessment was amended to place the primary responsibility with the director. Conferences that the social worker had with the director and the teachers, as well as discussions and evaluations in weekly staff meetings, provided the information from which assessments were formulated and kept up to date.

Selective Use of Social Work Intervention: Some Illustrative Cases:

The case of Mrs. J. illustrates how we arrived at a formulation of whether help was needed and how the need would best be met. Based upon the intake interview with Mrs. J. and the pre-placement visits and entry adjustment of 4-year-old Peter, the social worker (using the guide referred to earlier) prepared the following:

Assessment of Parent and Child Mental Health

Mother

Mrs. J. is an attractive, outgoing, organized young woman who arranged and carried out the application for our services in a direct, efficient manner. In her presentation of background information, current situation and reasons for requesting our services, she displayed considerable warmth, objectivity, compassion, and insight. Her level of functioning and commitment seem quite high in the many areas for which she is responsible; i.e., her role as mother of two children, as homemaker, as full-time employee in a large office where she has already received one raise with a promise of another in the near future. She seems realistic about the pressures she is under but also is able to experience pleasure and enjoyment from the evidences of accomplishment.

Despite her own deprived background of unreliable parenting and an excessive number of foster homes, Mrs. J. seems to have a capacity for warm and sensitive relating. She responded very comfortably to the social worker from the first contact. Her description of and references to the children conveyed a strong impression of warmth, sensitivity, and availability. Observations during visits confirmed this impression. She appreciated the importance of supporting Peter through the early separation and initial adjustment to the Center, and showed an impressive capacity to help him move away from her while being available for his return. Although she has suffered great disappointment and pain as a result of her husband's alcoholism which destroyed their marriage, she continues to have warm feelings for him and his family and to help maintain close ties with them which appear important to the children.

Child

Peter, age 4, is the younger of two children; he has a sister two years older. The parents separated because of father's alcoholism around the time of Peter's third birthday; a month later mother became employed for the first time since the children were born. The children have been in two or three different day care homes since mother became employed and Peter has had some difficulty in coping with the separation from her. He has a close and somewhat dependent relationship with his sister. His early development was healthy and normal; his mother finds him bright, verbal, responsive and appealing. His close relationship with his father is being maintained through regular visits.

Peter seems to have an adequate sense of self-regard as well as a capacity to relate to others. Although he had some difficulty with separation from mother in family day care homes, he seems better able to cope with the separation in a day care center. On those occasions when the stress of the absence of mother or some other stress appears to overwhelm him, he usually copes by turning to a caretaking person such as the teacher. Aggressive expressions are moderate, indicating considerable capacity for controlling and channeling. He also responds very positively to the other children and to the many activities which are available to him.

Assessment of Need for Help

The high level of this mother's functioning and coping, together with an initial assessment of Peter, leads to the conclusion that social work intervention is not indicated for this family. Whatever counseling may become advisable in the future. and it would most likely be in the category of parent education, could be provided very effectively by the Center director.

Another example of how we arrived at a formulation of whether help was needed and how the need would best be met is shown by the assessment of Mrs. B and her two children, Candy 4 1/2 and Teddy, 3.

Assessment of Parent and Child Mental Health

Mother

Mrs. B.is a fairly attractive 27 year old woman whose separation from her husband a year ago has forced her to seek employment and child care for the first time since she became a parent. In the initial intake interviews she verbalized excessively, evidencing an extreme degree of anxiety about separating from the children. When they were scheduled for a short visit to the Center, during part of which she was to leave the children in the classroom while she filled out papers in the director's office, she found it necessary to bring a friend along to support her through the ordeal. At the same time that she entered the children in the Center, she began a job as cashier in a busy market. In addition to the distress she felt about separating from the children, she also verbalized tremendous anxiety about whether her performance on the job would satisfy her employer. She and the children continued to live in the home she and her husband had been buying; not only was she worried about her ability to meet the mortgage payments, but she also felt overwhelmed by the sole responsibility when problems occurred, such as with the plumbing. Her reference to having had a nervous breakdown at age 18 is not surprising in light of the intensity of the anxious, conflicted feelings with which she attempts to cope in stressful situations.

Mrs. B. related to the social worker in a pleasant direct manner, making good use of two sessions which were focused on understanding her feelings during the process of separation and entry. Although her distress with separation seemed initially to apply to both children, it soon became apparent that she experienced the loss much more in terms of Candy, and that she is very much the preferred child. Candy was a much-wanted child; Teddy was neither planned nor welcome, and Mrs. B indicated that he was several months old before she could feel any warmth toward him. Although she insists he is now a source of great joy, her words are belied by her behavior toward him which is largely pressured and indifferent. During the entry process it was clear that both children were much better able to handle the separation than their mother who was in such distress about it. It was also apparent that when Mrs B. was able to move a bit beyond her initial acute distress to begin to observe her children's early adjustment to the Center, her focus and interest were almost exclusively on Candy. She appears to be in a hostile/dependent relationship with her own parents; appears to have many unresolved feelings and problems with her ex-husband; and her involvements with other men in her life seem to be filled with complications.

Children

Candy, age 4 1/2 the much wanted and obviously preferred child, is an attractive sturdy little girl whose development and adjustment have been of great satisfaction to her mother. Her initial response during the early period of entry into the day care center was a very tentative one; she held back, was watchful without participating, and tended to stay close to her mother. It seemed likely that this was at least partly due to the mother's difficulty in letting go and, indeed, when Mrs. B. was helped to become somewhat more comfortable with the need to separate from the children, Candy became somewhat more comfortable about relating to the group and the teachers. However, her adjustment continues to contain a certain tentative quality; she is very quiet, very obedient, and very serious.

Teddy, age 3, is a bright attractive little boy who approached the day care center quite differently from Candy, perhaps reflecting the difference in the mother's feelings toward the two children. From the first visit Teddy moved right in, seemed very comfortable in the new situation and about separating from his mother. He is friendly with the children and affectionate with the teachers, appears to enjoy tasks and to take pride in his accomplishments. Awareness of the mother's preference for Candy raises the question of whether Teddy's initially easy entry is an over-compensation, whether it will hold or whether we will begin to see a decline in the adjustment.

Assessment of Need for Help

Having weathered the trauma of placing her children in day care, Mrs. B. seems to be mobilizing her energies into coping with her recently acquired life style as a working single parent, needing to feel that everything is moving in a positive direction and that she can now view the future with optimism. Underneath all of this is a layer of tension and anxiety which may prove troublesome and with which she may need help in the future. At this point she is not seeking such help and it seems advisable to respect this. The difference in her parenting of Candy and Teddy, with the potentially adverse effect on Teddy, is an area which does need attention. Discussions between the social worker and the director as well as in staff meetings have led to the conclusion that this help would best be given by the director who will use a child guidance approach and limit her work to this specific area. Should the need for a more therapy oriented approach become apparent, we will reevaluate the situation and move toward intervention by the social worker or toward referral to an outside resource.

Discussions about this situation between the social worker and director took place on both a scheduled and an informal basis, and were designed to evaluate the children's adjustments and needs as well as Mrs. B.'s ability to make constructive use of suggestions for change without succumbing to extreme anxiety. Two separate conferences with Mrs. B. were arranged during which each child was discussed by the director and that child's teacher. The focus was on helping Mrs. B. develop ways of individualizing the children in order to strengthen Teddy's sense of himself, his importance within the family and especially with his mother. Subsequent observations, shared by various members of the staff at staff meetings, indicated that Mrs. B. had been able to make use of the intervention, that she appeared to have modified her behavior toward Teddy so that it contained more warmth and approval. The director remained available to her for continuing talks along this line as needed and continued to consult with the social worker as indicated. It was understood that in the event Mrs. B. needed and seemed receptive to help on a personal level that was beyond what the child development focus could provide, we would reassess the approach and make whatever plan for intervention seemed appropriate.

The following is an example of a mental health assessment which concluded with the recommendation for intervention by the social worker:

Assessment of Parent and Child Mental Health

Mother

Mrs. A. is a pleasant looking 24-year-old woman who relates to her 4-year-old daughter, Jill, in a way which is warm and concerned but which contains a high degree of uncertainty and apprehension about her mothering skills. Her own life has been filled with disturbing, anxiety-producing events; she seems to have no awareness of the effects of these events on her present feelings or functioning; her energies appear to be mobilized entirely around the task of moving herself and Jill from one day to the next. At the time of application for day care, Mrs. A was preparing to return to beauty school where she had previously completed almost all the requirements for the State Boards. Still to be accomplished is her completion of the 10th grade which she is legitimately worried about because of the difficulty it presented when she was a teenager and because she may well be of somewhat limited intellectual capacity.

Mrs. A's parents divorced when she was 11 years old; her father moved away and she did not see him again for about eight years; she and her three sisters lived with their mother, often in extreme poverty which was not relieved until several years later when the mother married a career serviceman. The family moved around the country as the stepfather was stationed at various bases, and this disruption was compounded by his making sexual advances to the girls, who when they reported this to their mother, were told he was merely trying to be friendly. In what she now realized was an attempt to leave a difficult home situation, Mrs. A. married when she was 17 and had a son, Billy, who is now age 6 and being raised in the East by his paternal grandparents. From the time he was born, her in-laws criticized her mothering and when she decided to leave what had become an intolerable marriage they threatened to have her declared an unfit mother unless she agreed to allow them to have the baby at least six months of the year. She yielded to their insistence that they keep him immediately after the separation and then when it was her turn to have him they refused to give him up. She and Jill visited him for about a month a year and a half ago, and then for a few days about six months ago. She describes that Billy asks to live with her and that Jill is delighted to have a brother and feels close to him even though they have had such limited contact.

Several months after leaving her first marriage, Mrs. A. met and married Jill's father whom she left when he returned from overseas military duty and insisted that they live with his parents in the South. Having already experienced problems in getting along with them, and not wanting to repeat the in-law stresses of her first marriage, she chose to remain in California where she was now in contact with her own father and her paternal grandparents She married for the third time when Jill was two years old and separated about a year and a half later because of severe financial hardship resulting from her husband's refusal to try to earn a living at anything but singing

After her first marriage ended, Mrs. A. lived for a few months with her mother and two youngest sisters in Rhode Island. Her stepfather was overseas at the time and she felt everything went well until he returned. The last time she saw her mother was when they said goodbye at an airport as she and Jill's father left for California from which he was sent to Vietnam. Seven months later Jill was born and two months after that Mrs. A. received word that her mother had shot herself and died. This distressing event of four years ago continues to plague Mrs. A. with many doubts and questions, not the least of which involves whether she was needed in some way she was unaware of, and might she have done something to help prevent the tragedy. In the three months she and Jill have been involved with the Children's Center, we are becoming increasingly aware of indications that these unresolved questions and feelings may be adversely affecting her relationship with Jill, who is presenting certain difficulties in her own development and adjustment.

Child

Jill, age 4, is the only child from her mother's second marriage which terminated when Jill was a baby. The only father she has known is the mother's third husband whom the mother married when Jill was 2 and divorced when Jill was 3½. He maintains sporadic, undependable contact with Jill who expresses concern about his absence and sadness about his unkept promises to visit. Her birth and development were normal; until entering the Children's Center she had been cared for entirely by mother or by close relations. She is a bright, active, attractive little girl who is aptly described by her teacher as "four, going on fourteen" because of an adult quality in her demeanor. In the relationship with her mother she appears as the caring little adult; she is the nurse and her mother is the child. It appears as though she has to be the good daughter that the mother felt she may not have been to the grandmother. Unfortunately, the pressure to be the good daughter prevents expression of the bad child part of normal self development, and the conflict is being acted out in her behavior. At times Jill is able to engage with peers in activities and relationships which seem both adequate and satisfying, at other times she seems extremely sad and unable to do anything. At times she exhibits a compliance and politeness that are almost syrupy in their extreme, at other times she will stubbornly refuse to comply, either directly or by wandering off as if unaware of the demand. She is wetting and soiling, both at home and at the Center.

Assessment of Need for Help

The problems which Jill is showing in her adjustment clearly indicate the need for help. The questions and anxieties which the mother is sharing seem to indicate her availability to help. Staff discussions have led to the conclusion that intervention should be by the social worker, and a plan for weekly discussions with Mrs. A. has now been implemented. The focus will be on helping her to understand the connection between her unresolved feelings about her mother and the problems which Jill is experiencing. It is likely, based on an assessment of Mrs. A's emotional construct, that the intervention will need to be open-ended and both supportive and interpretive.

V. TREATMENT OFFERED BUT NOT UTILIZED

It is important to reflect on situations where social work intervention was not successful. From these we may learn further refinements of what kind of person with what kind of problem is best served by what kind of help. As we developed our various therapeutic approaches, we learned to be selective, to tailor the method of help to the person who would be receiving it. It is equally important to learn about what might be called the "nonutilization" group, those persons who seemed unable to respond to help at all, no matter how flexibly it was offered.

An example is Mrs. D. who entered her son Freddie, then 3½ years old, in the Children's Center about three months after we opened. At that time we were actively offering open-ended social work intervention to all parents for whom this seemed feasible and it certainly seemed indicated for her, both in terms of problems she was having as a person and as a parent, and in terms of problems Freddie was showing in his own adjustment. Freddie was the only child of a relationship that ended when he was a baby. He never knew his father; his mother was employed full-time all of his life, and until placement in the Children's Center he had been cared for mainly by maternal grandmother. Mrs. D's initial references to Freddie and their life together, as well as her sympathy (but not sensitivity) to his difficulty in separating from her during their first visit to the Center, gave the impression of a close emotional bond. However, this impression was soon counteracted as the entry process continued and she found it impossible to make herself available to him as he was needing and as we were recommending. Using the demands of her job as the reason, she resisted involvement on her part, insisting that maternal grandmother could substitute for her. When we held firmly to our conviction that Freddie would best benefit from his mother's help with this initial adjustment, she agreed to be available but then substituted the grandmother at the last minute. In subsequent contacts with the social worker, Mrs. D. revealed highly ambivalent feelings about Freddie and, not surprisingly, Freddie's adjustment in the Center has been filled with problems associated with extreme insecurity and anxiety.

Mrs. D's response to our recommendation for regularly scheduled sessions with the social worker contained the same high degree of ambivalence as her feelings about Freddie -- a recognition of the need for help and a desire to obtain it, countered by a resistance to becoming involved. She accepted appointments and then missed more than she kept, sometimes formally cancelling them and at other times simply not showing up. Significantly, however, those sessions which did take place formed the basis of a gradually increasing trust in the relationship which enabled her to return to it at future times when she felt extremely anxious or depressed. During the first year of Freddie's placement with us, there were three separate periods in which Mrs. D. became involved with the social worker in a treatment relationship with an open-ended approach. Each time, she appeared initially to make good use of the approach; then, after from three to five sessions she would begin to move out of the relationship, unable to make use of interpretations of her resistance. These interpretations dealt mainly with her pervasive distrust of relationships, a distrust stemming from a lifelong disappointment in her parents' inability to give her the acceptance and support she needed. As she would reach out to the social worker and begin to experience the longed-for response, she would become so fearful of losing it that she would withdraw from the relationship before it could be withdrawn from her. The message of her behavior was clear: "How can I trust you -- you'll just turn around and hurt me as everyone else has done." Unfortunately, the interpretations, while somewhat accepted intellectually, did not sufficiently relieve the fear or the behavior. It became clear that although the nature and scope of her problems might make the open-ended response seem clinically warranted, her pervasive fear and distrust of relationships made it impossible for her to remain in such an approach. Her withdrawals then set up guilt feelings which made it more difficult for her to reach out at a later time when her problems once again overwhelmed her. Therefore, it was decided to respond to Mrs. D.'s requests for help with a problem-oriented, short-term approach, interpretive and/or supportive approach as indicated, which permitted her to make whatever use of help she could and then to terminate without guilt and with the assurance that she was welcome to return at any time for another problem-oriented, brief involvement. During the next year and a half she initiated four such requests; although there seems no doubt that its availability on this basis had some meaning to her, her use of the help remained tentative and constricted.

In contrast to Mrs. D. who was unable to make significant use of help no matter what approach was offered is the example of Mrs. R. who adamantly rejected all overtures by the social worker for over a year and then, suffering an acute anxiety attack, was able to become involved for a short time in a treatment relationship with an open-ended approach. Ultimately, the forces which initially prevented her acceptance of treatment flared up and precipitated another rejection. Mrs. R. was an exceptionally needy person, literally starving for reassurance that she mattered, that she was cared about. Her own needs were so overwhelming that she was able to give very little support or security to anyone else. This was dramatically evident in her relationship with her son Georgie, 5½ who had been in the Children's Center since shortly before his 4th birthday. Reflecting his mother's inability to experience anything beyond her own unmet needs, and her uncontrolled rage at not being sufficiently nurtured, Georgie's adjustment was characterized by a distrust of caretaking figures and an exceedingly low tolerance for frustration. Mrs. R.'s descriptions of her own temper tantrums were an exact match of what we experienced with Georgie.

Part of the explanation for Mrs. R.'s abrupt rejection of the treatment may be found in feelings she expressed during her involvement: "I never feel as though I am getting enough. I get so nervous before coming to see you that I have to take a tranquilizer, but then I feel much better after I'm here for a while." The expectation of being left hungry, and the fear of retaliation for the resulting rage, may have been some of the ingredients which prevented her from allowing a therapeutic involvement in the first place and ultimately interfered with her continuing it.

Additional examples in the "non-utilization" group lead to the speculation that there may be two kinds of personalities which make it either exceedingly difficult or altogether impossible to accept help. One is demonstrated by the mother who seems to have a very basic difficulty in relating with any real consistency. This difficulty is seen in terms of her child, other adults, and, not surprisingly, the social worker. The other, is demonstrated by the mother who does evidence a capacity to relate but who seems very afraid to disturb a relatively well-functioning adaptation and therefore will not accept the need or opportunity for help in a particular area that may be creating some difficulty for her.

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CHAPTER 6: PROCEDURES FOR DATA COLLECTION[1]

I. PROCESS DATA

Certain data were gathered sufficienty often enough to capture process changes: The social work contacts with the parents, and the observations of the preschool children in the classroom.

A. The Data from Social Work Contacts.

For families in the open-ended treatment groups, an appointed once-a-week contact tended to be established. For the problem oriented and consultative treatment group, the contacts varied by definition but a month seldom passed without there being some contact with the family. Home visits were made as part of these appointments and contacts, with the frequency varying according to the needs and characteristics of the family. However, each home was visited at least once to correspond to the designated cross-sectional assessments.

Immediately following the contact, the social worker dictated a process recording of it in descriptive as opposed to inferential terms. When interpretations were made, they were kept separate from the description.

These appointed contacts were supplemented by the frequent informal contacts between parents, social workers, and teacher as the children were brought to and picked up from the center.

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[1] This chapter was written by Christoph Heinicke and Arthur Farley.

B. The Data from the Process Observations of the Children.

Several teachers and four child development professionals, also trained as child psychotherapists, contributed on a regular and scheduled basis to the total data pool. This resulted in almost daily observations on practically all of the children.

The teachers were asked to write out whatever they felt to be of importance on a particular day. We wanted as much as possible to have observations from their point of view because certain aspects of behavior come to light that can only be seen by what is essentially a participant observer. However, this approach meant that from a sampling point of view coverage may be uneven, so this was dealt with by carefully instructing and scheduling what will from now on be called the child observer.

Each child that entered the day care center was given primary observation time by each observer on each observation occasion during the first five months and at the 12 and 24 months assessment point. By primary observation time we mean that the child was followed individually for at least ten minutes during each day's observation period. The general procedure was to observe for about ten minutes per child and then to go to a separate room to dictate the observations into a dictating machine. Because time was insufficient for all observers to view all children every week, a secondary priority of observation was given to those children having passed the 5-month point. These children were observed in the usual ten minute manner once a week by one of the observers and as part of group situations involving a primary child seen by any of the observers; also, to the extent that any teacher or observer had extra time to watch them, additional observations were made. The time of the observations was carefully recorded.

Three of the observers observed three hours a week and one observer devoted ten hours to this task. The important point is that they contributed approximately the same number of observations per child to the data pool every week.

The primary guide to the observation of the child was to focus on the description of those behaviors that reflect his developmental progress and allow inferences about his inner experience. These inferences, if made at the time of dictation, were separated from the descriptive text. An example is taken from a previous publication (Heinicke, et. al., 1973).

"Paula moved into the nursery school classroom tentatively, with her finger between her teeth. Although she was initially cautious, she soon seemed quite confident in being there, did not cling to her mother, and her facial expression relaxed. Carefully, she fed or cleaned various dolls. At times she would go over to her mother to receive very quiet and warm affection, and then move away from her again in order to resume her play in the doll corner. Throughout this first period there was, however, little noticeable contact with the teacher or student teacher."

The interpretation of these observations was indented as follows:

> It would seem that engagement in the activities of the school was initially dependent on the affectionate reassurance from a physically present mother. The longing, associated anxiety, and the disruption of her engagement become even more pronounced as the mother actually began leaving.

Following the profile conceptualization of Anna Freud (1965) we asked observers to keep the following areas of functioning in mind:

1. Approach to Each Nursery School Day. In view of our interest in the child's psychological move from the home to nursery school, his initial adaptation at the beginning of each day was thought to be particularly revealing. We asked ourselves to what extent the child became involved in new relationships and new activities, and what modes of alternate adaptation he pursued if his engagenent did not increase during the morning.

2. Relationships. The child's relationships to the various people in his life were noted with great care. Influenced particularly by Anna Freud's developmental line concept of moving from dependency to self-reliance (1965), we asked how changes in past relationships and formation of new ones tended either to represent the continuation of the past or tended toward greater self-reliance and adaptive exchange.

3. Expression of Affects. While many affects, such as sadness, cheerfulness, hate, and love would most easily be studied as part of the observations of the child's relationships, we also followed the child's development in expressing affects independently of those relationships.

4. Anxiety. Anxiety was also most frequently observed in the context of relationships. Those anxieties relating to separation, messing, and the expression of aggression were especially noted. Wherever possible, observations and inferences were also made about related present and past conflicts. In general we were, however, cautious about inferring underlying dynamics.

5. Defenses and Modes of Coping. Defenses seen in the nursery school included such things as turning a passively experienced event into an actively manipulated one, a great variety of defensive identifications, and various forms of avoidance of painful situations.

6. Ego Development. This included what Anna Freud (1965) has conceptualized in her Developmental Profile as ego functions, as well as those considerations involved in her concept of lines of development. Ego functions include attentiveness, frustration tolerance, memory, and reality testing. Many of these functions and their effective integration were best studied in relation to certain tasks and special assessment procedures which are discussed in subsequent sections. Observations on such lines of development as reliability in bladder and bowel control and the attitude toward food could readily be made in the everyday nursery setting. Similarly, the learning of certain skills such as tricycle riding or holding a pencil proved to be sensitive reflections of ego development. We also noted any indications of the child's identification with persons in the environment.

7. Superego and Superego Representations. In this regard we

observed any indications of guilt or shame, the cognitive elaboration associated with such affects (superego representations), and the underlying conflicts which possibly are associated with such phenomena.

8. Self-Representations and Ideal Self-Representations. We were interested in how the child sees himself and whether or not this representation is fairly accurate or distorted. Sometimes one observed the child's enactment of what he might want to be.

9. Fantasy. While we have been cautious in inferring fantasies from the child's overt behavior, there were instances when the operation of an underlying fantasy could be inferred with considerable confidence.

Of the various foci noted above, the child's relationship to the observer needs elaboration. The observers did not initiate or even encourage interaction with the child. When the child became too involved with the observer, steps were taken to shift the relationship to the teacher. Despite this stance, the children did react to the observers and the nature of this reaction became one of the most sensitive indices of the child's development. Thus, one little girl first turned to the observer asking for her mother, later actively avoided the observer, and then both rejected and invited him.

The experience of observation inevitably influences further observation. Certain questions have served as guidelines for both the observations and the ratings made at certain cross-sectional points:

1. What is the nature of the child's move from the relationship with the parent or caretaker who brings him, to the activities,

adults, and peers in the Center?

2. What is the nature of his relationship to adults and to peers?
3. What is the nature of his task orientation?
4. What is the nature of the expression of his aggression? Is it either excessively expressed, excessively repressed, or well modulated?

C. Categorized Observations of the Child's Task Orientation.

As indicated, in relation to the description of the ego functions of the child, we focused our observations on one area, namely, task orientation. By task orientation we describe a process whereby the child shows his capacity to engage in, produce in, and take pride and pleasure in a task. Can the child regulate his own behavior so as to be involved and persist in the activity or task? Persistent attentiveness is seen here as an indication of the child's ability to tolerate frustration while being meaningfully and psychologically engaged; lack of attention, actively resisting involvement and disrupting or being aggressive toward others are negative behaviors in this regard. Once engaged, what are the indications of pleasure in producing something, and of pride in that achievement? Here we noted that a good contribution from the child is often accompanied by a sense of pride, although it must also be noted that the ascertainment of this inner state may involve considerable inference on the part of the observer. Similarly, it has been found that pleasure in the task situation is most often observed and most specifically defined in terms of the child's spontaneous involvement. In terms of production, for example during story time, one examines how frequently the child answers the teacher's questions, how appropriate his answers are, and whether his answers reflect some degree of cognitive functioning as opposed to purely rote response. We were also concerned here with the child's curiosity as related to his capacity for productivity in the task. How frequently, for example, did the child ask questions during story time?

Because of our interest in how the child moves psychologically from care by the adult to autonomous involvement in the task, and because relevant behavior is observable during a situation such as story time, we also categorized seeking and giving affection, seeking attention, seeking to be on the adult's lap, and various forms of regressive behavior.

One way to contrast children within the group setting or to assess and evaluate the individual child is to observe which behavior components of task orientation the child is capable of showing in relation to a given task. The following types of task situations have been distinguished:

1. Those tasks which the child himself defines and pursues. Thus, the task may be to build a secret house made of blankets. There is pleasure in the construction and pride when it is successfully completed and used.

2. Those tasks which are defined by making specific materials available to the child, suggesting ways of using this material, but leaving the child room for self-structuring. For example, on the first day of entry into preschool, when three-year-olds Julie and Amy were accompanied by their mothers, Julie could become involved in the playdoh offered by the teacher and define it as making cookies for her mother. By contrast, Amy, though showing pride and pleasure in the paintings that she completed, could not stay with the self-defined task and had to disrupt another child, who was absorbed in his own painting, by becoming physically abusive (Heinicke, 1973).

3. Those tasks where the goal and the steps to reach that goal are defined by the adult. This might be a story time, song time, eye-hand coordination games, etc. Story time, for example, requires that the child be attentive, not disrupt, and contribute in some form to the group effort. Thus, Judy readily seated herself for the story time, sometimes lost attention, obviously followed the story, but sometimes could not answer a question. By contrast, Amy delayed joining a story time, disrupted the story by throwing playdoh, and had to be held on the teacher's lap to prevent further disruptions (Heinicke, 1973).

In delineating and defining the following categories and subcategories of task orientation, our greatest experience to date has been in relation to the task defined as "story time." A particular part of the day is designated by the teacher as the time all children gather to listen to her read a story and to take part in the discussion of that story.

The observer placed himself on the periphery of the group in such a way as to maximize his ability to easily view each child, yet minimize as much as possible the group's awareness of his presence. The observer did not initiate or encourage interaction with the children. Despite this stance, however, the children inevitably did react to the observer. Therefore, if a child became too involved, steps were taken to shift the relationship back to the teacher or another adult.

Rather than a narrative description of behavior, the observer wrote down the actual category into which that particular piece of behavior fell; e.g., if Bobby hits Cathy, rather than describe the incident the observer simply noted, Bo Agg Ca, and then if Cathy hit Bobby back it was scored, Ca Agg Bo. The following categories were likely to involve another person or object: Resists Involvement, Seeks or Gives Affection or Attention, Aggressive behavior, and Seeking Lap. In many instances there are not likely to be definable objects or persons relating to the categories of: Inattention, Leaves the Group, Disrupting, and Regressive behavior. Thus, if Bobby is inattentive it would be noted as Bo IA.

All behavior was scored in sequence as quickly as it was noted and the starting and ending time as well as all children present was carefully recorded. Where a particular behavior persisted in a given child and there were no other scorable behaviors in the group, then a limit of two scores per minute was used. This situation, however, very rarely occurred.

All the above procedures and the categories listed below are described in considerable detail in Heinicke, Strassmann, and Phillips (1974). Here we give the major headings and the various subcategories

1. The Child's Capacity for Engagement in the Task.

Engagement:

Attention -- Child involved by maintaining attention.

Interest -- Child involved by indicating interest.

Disengagement:

Inattention -- Child does not maintain attention in face of routine distractions.

Self-Involved Task or Activity -- Child remains in group but pursues own task.

Leaves Group -- Child physically leaves group.

Removed from Group -- Child so disruptive that removed from group.

Resists Involvement -- Child refuses to participate.

Resists Teacher -- Child resists teacher's attempts to elicit participation.

Disruption and Aggression:

Disruption -- Child disrupts ongoing group process.

Aggression -- The child's intent to hurt can be inferred from his behavior.

2. The Child's Capacity to Produce in the Task.

Productivity:

Good Contribution -- Child adds to the ongoing group process.

Correct or Incorrect Answer -- Child gives correct or incorrect answer to question posed in group.

Asks Question -- Child expresses curiosity as opposed to interest.

3. Child Shows Pride in his Contribution to the Task.

Pride:

Pride in Contribution -- Child proud of contribution or product.

4. Child Shows his Capacity for Pleasure in the Task.

Pleasure:

Pleasurable Involvement -- Child exhibits spontaneous pleasurable involvement in task.

5. Child's Capacity for Self-Reliance.

Self-Reliance:

Seeks Attention -- Child draws focus of attention to himself.

Seeking Affection and Giving Affection -- Child seeks or gives affection.

Seeking Adult's Lap -- Child shows need to be in adult's lap.

Regression -- Child shows regressive behavior such as thumb sucking, masturbation, picking nose, etc.

II. CROSS-SECTIONAL DATA

For purposes of group comparison, analysis of individual variations, and trend analysis, certain selected cross-sectional assessments were made at entry into the day care center, and at 6 weeks, 5 months, 12 and 24 months after entry. Figure 1 is the data collection form used to indicate when each procedure was due for a given child.

A. Psychological Testing.

The Stanford Binet was administered by an experienced psychologist at each of the cross-sectional points. Most importantly, this professional did not have any other information on the child or family. To provide additional information on verbal and performance subtests, the WPSSI was administered by another experienced psychologist at entry into kindergarten, and the WISC was given at the end of kindergarten.

B. Videotaping the Task Orientation and Other Behavior.

Each child was videotaped at each of the cross-sectional assessment points. Both a broad free sample of the child's behavior and his or her specific task orientation behavior in the book time was preserved on videotape. The latter was scored using the same scoring system used on the spot by the observer of that book time.

C. Task Orientation Scores.

The availability of continuous task orientation scoring made it possible to generate cross-sectional scores for each child on each of the

FIGURE I

Showing Data Collection Form

Name: Ctr. Raters: Projected K or Pub. School Date:

DUE DATES:	Entry	6-wk	5-mo	12-mo	24-mo
B'date ____ Age:	( )	( )	( )	( )	( )
STANFORD-BINET					
DEVELOPMENTAL PLAN					
CHILD DVLP RATING					
PARENT RATING					
DOLL PLAY					
FILMING					
TASK ORIENTATION					

___Preschool Graduation
___Termination
Date________________

Kindergarten__Public School__
Date of Entry________________
School________________

Time in Full Day care ________
Time-Extended Day Care ________
Total Time in Center ________

Name (mo/fa) ________________________________

Address ________________________________

________________ Tel: ________________

Siblings in Center:

Name	B'date	Age

dimensions of task orientation (e.g., disruption, regression, etc.)

D. The Child Development Ratings.

Related to the central questions previously mentioned, five developmental ratings were made at the 6 week, 5, 12 and 24 months point. It is important to stress that while the 6 week rating, for example, focused on the status of the child at that point, the nature of his development in the interval before that point was also carefully studied. The title of the ratings is given below; they are defined in Appendix A.

1. The nature of the child's psychological move from parents to a new involvement in school.
2. The nature of the child's peer relations.
3. The nature of the child's task orientation.
4. The nature of the child's modulation of aggression.
5. The nature of the child's general adaptation.

E. The Parent-Child Ratings.

The parent-child ratings were also made at the 6 week, 5, 12 and 24 month points. As with the child development rating, the parent-child rating focused on the cross-sectional point in question, but the time span before it was carefully studied. These ratings reflect those qualities in the relationship which previous studies had found to be associated with the child's development and in particular the development of his task orientation. The titles of the ratings are given below; they are defined in Appendix B.

1. The quality and quantity of the parent's affection for and liking for his child.
2. The extent of time and energy that the parent has available for his child.
3. The parent's capacity to maintain an organized and effective environmental sequence.
4. The clarity with which the parent defines his availability.
5. The extent and consistency of the limits set by the parent.
6. The standards set and the sanctions used by the parents in regard to a) aggression control; b) cleanliness; c) self-reliance; d) adult role behavior; and e) achievement in pre-academic areas.
7. The extent of clarity in parent-child communication.
8. The extent of the parent's active instruction.
9. The manner and extent to which the parent encourages the child to move toward new experiences and relationships.
10. The frequency with which the parent is involved in a conceptual exchange with the child.

Although change scores could be computed by finding the difference between a parent-child rating at two different points, changes in the parent's functioning both as a person and as a parent were specifically noted through the use of two global change ratings. Employing a rating ranging from -7 to +7, each rater was asked to indicate the extent to which the parent had changed as a person and as a parent. For the rating of the person this was in all instances the mother. All relevant aspects of her functioning were considered. Comparison with other mothers in similar circumstances was made.

In making the change ratings on the parents, not only the mother but all significant parent figures were considered. What was the extent of change in the total parenting situation? Both the specific parent-child ratings defined previously and changes seen in other parents were used as reference points. It should be noted that these change ratings cannot be begun until the 5 months assessment; at 6 weeks there is no previous systematic assessment.

F. The Doll Play Interview.

The purpose of the doll play interview was to provide a private opportunity for the child to express, and a trained child therapist to assess, his predominant preconscious concerns. A standard set of toys consists of the following: A doll house with a family of dolls (Heinicke & Westheimer, 1965); a family of large hand puppets; a variety of rubber animals; packets of soldiers; Indians and cowboys; a variety of cars and airplanes; two large dolls, one of which could be bottle-fed; a playdoh factory set; and crayons and paper.

The session lasted for about 40 minutes and was tape-recorded, mainly to get a sample of the child's speech and to provide the opportunity for further analysis at a later time. If the child asked about the machine, which was visible, the purpose was explained and the child was told that he could hear his voice if he wished. No problems were encountered in this regard.

Almost all children quickly expressed themselves in relation to the adult and the material. The major concerns or questions that the child was dealing with can be readily inferred.

Partly to provide some structure for ending the play interview and also because the procedures have been found to predict later reading achievement (De Hirsch, et al., 1966), the following was attempted toward the end of the time. The child was asked to tell any story that he could think of. If he could not think of anything, he was asked whether he rememered the story of Goldilocks and the Three Bears, Little Red Riding Hood, or The Three Little Pigs. Then the child was asked to draw a picture. If the child did not draw something spontaneously, he was encouraged to draw a picture of any kind of person and then a boy and a girl. Finally, he was asked to write his first and last name, and to spell it if he could not do the writing. Immediately after the session, the interviewer dictated a full process account of the session as well as his interpretation of the behavior, related environmental information, and hypotheses regarding underlying dynamic elements.

G. Teacher Ratings During the Kindergarten and Elementary School Period.

While the major focus of this project was on the children's functioning within the context of the day care center per se, a logical extension was to include an assessment of their public school experience. In this context then it was decided that a rating scale would be developed which could be used by the grade school teachers to indicate the nature of the child's behavior and performance in the areas we thought most clearly reflected significant aspects of his development.

In order to provide as direct an extension of the day care preschool assessments as possible, the ratings constructed for the public school were basically an elaboration and refinement of the areas tapped by the child development ratings (See Appendix C). As can be seen by comparing both sets of items in Appendices A and C, the various school ratings could be grouped under the five child development ratings.

Thus, the first item relating to the child's move into his respective setting is essentially equivalent for the two scales while the second through fifth items of the school ratings are variations of the child development rating pertaining to the nature of the child's peer relations. School ratings six and seven are elaborations of the rating relating to task orientation and both sets of ratings have a comparable question regarding the child's manner of dealing with his aggression. Then, in addition to the foregoing, the school scales include items tapping obedience and affect state. Both scales also include an overall rating and in analyzing the school ratings a "total" category was also established.

Once a child was in kindergarten and the primary grades, both his teacher in the day care center and the public school teacher were asked to fill out the above ratings. In addition, for purposes of reliability and to expand our understanding of the child, the Devereux Elementary School Behavior Rating Scale (Spivack and Swift, 1967) was also filled out by these teachers. Assessments were made in December and again in June, at the end of the school year, and thus provided both absolute and change score measures.

H. Assessment of the Child-Parent Interaction.

For a group of the children (N=11) whose parents were part of the consultation with the director treatment group, a structured interview involving the child and parent along with an observer was performed at each of the cross-sectional points during their first year in the Children's Center. It is formally titled the Child-Parent Interaction Assessment and is a modification of the Marshak Interaction Method (M.I.M.; Marshak, 1960). This method allows for exploring and magnifying parent-child interactions and elicits interaction responses of child and parent similar to those occurring in corresponding situations in everyday life. Methodological details are spelled out in Appendix D.

Observations are directed at the multiple relationships occurring in the interview (e.g., data about mother to child, child to mother, child to interviewer, and mother to interviewer relationships). During the observation sessions, notes are taken as each structured task is presented to the parent-child pair. Following the 30 to 40 minute session, the child is asked to return to his or her activities in the Children's Center and the parent is given the opportunity to express any views of the interview they might have.

The interviewer had no contact other than the parent-child interaction experience with the parent and his ratings were therefore independent from the parent-child and child ratings done by either the teachers, the social worker or the Center Director. The data from the interview sessions was recorded by filling out ratings on the parent-child form (Appendix B), the M.I.M. form (Appendix D) and the form for rating certain aspects of the child's development in the Day Care Center (Appendix A).

I. Tests of the Development of the Concept of Space.

Piaget's work suggests that the development of conceptual space might well be another important factor in educability and especially in the education of mathematical concepts. Further questions then were: Is this development of conceptual space through various stages related to the other indices of adaptation and how in turn is this cluster of child variables affected by varying intensities of social work with the parents? These questions were examined using the following rationale and procedures.

Previous research had shown that general scales derived from Piaget's framework do correlate with other indices of the child's competence (White & Watts 1973; Clarke-Stewart, 1973). The development of the child's concept of space is conceptualized by Piaget as follows.

As far as the child's knowledge of space is concerned, it is important to make a clear distinction between a) perceptual space and b) conceptual (or intellectual) space. Piaget (1961) indicates that perception of space, in contrast to the concept of space, always retains an essentially relativistic character and is never completely freed from certain systematic distortions, precisely because of the irreversibility inherent in the perceptual structures (i.e., the child's sensory apparatus).

According to Piaget's theory, the development of sensorimotor space occupies approximately the first two years of childhood and is one of the major achievements of sensorimotor intelligence. This space is progressively structured through an increasingly complex coordination of the child's actions and displacements and, consequently, enlists his perceptual functions as well as his motor functions. This space thus depends mainly on the operative aspect of knowledge and clearly exceeds the limits of mere perception, from which it draws its sustenance and its orientation. It is, in short, a space which is practical and experienced, perfectly organized and balanced at the level of action or behavior, even though the absence of the symbolic function still leaves the child unable to imagine it or mentally to reconstruct it. Piaget has dedicated a substantial part of his works on the origin of intelligence (1936) and on the construction of reality (1937) to the development of this sensorimotor space in the child.

The very important representational space which begins to develop in the child around the age of two years, with the advent of the symbolic function, has to be clearly distinguished from this sensorimotor space. In the domain of space, as in all other sectors of child thought (e.g., causality, time, etc.) there is a developmental phenomenon which requires that the achievements attained at the level of practical and motor activity reassert themselves on the symbolic and conceptual level. Representational space is not a simple internalization nor a purely image reproduction of sensorimotor space. Already capable of dealing concretely with a practical space which has been progressively acquired during the first two years of his development, the child again finds himself at the beginning of the task as soon as the appearance of the symbolic function leads him to regulate his spatial behavior through a system of total representation of his displacements rather than according to simple motor expectations. The child must reconquer the obstacles already overcome on the plane of practical action, but this time on the level of representation. The children of this study were at the outset of this stage of development. It is helpful here to give a brief outline of the development of representational space.

Stages in the Construction of Representational Space:

1. Representational space in the child begins with advent of the symbolic function.

"To arrange objects mentally is not merely to imagine a series of things already set in order, nor even to imagine the action of arranging them. It means arranging the series, just as positively and actively as if the action were physical, but performing the action internally on symbolic objects. This is why a child finds it quite easy to arrange counters on the table...(easier) than to imagine it, while at the same time he finds it easy to imagine he is triumphing over an opponent in a game but more difficult to defeat him in reality: Spatial concepts are in-ernalized actions (as are any logical concepts) whereas imaginary play is merely a substitute for actions (Piaget & Inhelder, 1967, p. 454).

2. Representational space is developed progressively through a long process of internalization; Piaget has attempted to trace the successive stages of this process, from the static and irreversible representations of the intuitive or preoperational level (approximately two to seven years) to the mobile and reversible structures of operational thought (seven to twelve years).

3. The child's intuitive or preoperational conceptual space is of concern here. Between sensorimotor space and operational space Piaget interjects preoperational space which he calls intuitive, characterized by an internalization of spatial schemata already formed by sensorimotor intelligence--an internalization which is at first a purely static and fragmentary one and which becomes increasingly mobile and structured. This slow development covers the whole of early childhood. Between sensorimotor space and operational space then the sequence is continuous: Internalization of the spatial actions of the sensorimotor level gives rise to intuitive space, and the progressive mobility of the intuitive structures of the preoperational

level eventually culminates in operational space. In sum, the development of representational space is a long progression from action to operation.

In this section we have used the words steps and stages, somewhat interchangeably and it is important to keep in mind that within Piaget's developmental framework there are several broad developmental stages. Here we are focusing on one of these broad stages, the intuitive or preoperational stage, and within this stage there is a stepwise development. When we speak of steps in theory we are alluding to this notion of an overlapping and stepwise unfolding in the development of the child's conception of space.

Procedures for delineating the stages of development in the concept of intuitive space have been developed by Laurendeau and Pinard (1970). In our preliminary pilot work we found that two tests similar to those used by Laurendeau and Pinard yield data which best defines the development of the child's concept of space. The tests are: 1) the stereognostic recognition of objects and shapes; and 2) tne construction of a projective straight line (see Appendix E for a detailed description of the tests). These tests have so far been administered to each child at intervals of 6 weeks from entry, 5 months from entry, and 12 months from entry. The stereognostic recognition of objects and shapes test is virtually nonverbal in its entirety, therefore administration poses a minimal language problem. It also covers the transition from the sensorimotor thought period (birth to two years) into preoperational thought very well. The construction of a projective straight line test requires more advanced functioning and illustrates the subdivisions of the preoperational thought period which is subdivided into the preoperational phase, ages 2 to 4, and the intuitive phase, ages 4 to 7. The test scores were obtained by tabulating the number of errors made by the child on each of the two tests. These test scores were then recorded at each of the cross-sectional intervals (6 week, 5 and 12 months).

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CHAPTER 7: PROCEDURES FOR DATA ANALYSIS

I. THE PROCESS DATA.

A. The Period Analysis Leading to the Developmental Plan.

The period analysis is a procedure for dividing a given time span (e.g., from 6 weeks to 5 months) into a number of phases which describe changes in the parent-child relationship or the child's functioning in that interval.

The first step is to read all the material from the contacts with the parents and other caretakers. Notes are taken on each interview or contact and general phases of adaptation, progression or regression are delineated in terms of the dates involved.

A similar procedure is then followed for the children, except that the very extensive observations permit study of the changes in each function. Thus, as the material is read notes are made in relation to each area, such as relationships, for each day (see Figure 2 for example). Upon completion of the note-taking in relation to each of the areas of functioning, these are then studied to determine where a major change occurs; e.g., crying for the mother may drop out. The notes are so arranged that one can then see between which days changes occur in several areas. If these changes in effect represent a quantitative and/or qualitative change, this is designated as the end of one phase and the beginning of another.

The content of the periods for the observations on the parent contacts and those on the children are then given in summary form and statements are made concerning the interconnection between parent, parent-child

FIGURE 2.

Showing Scoring of Paula's Entrance Into Nursery School

Days in Nursery School

CATEGORIES	Sept. 19th - 1st Day Mother there	Sept. 20th - 2nd Day Mother there	Sept. 21st - 3rd Day Mother sometimes gone
Reaction to Entrance			
Major Approach	Anxious then controlled play	Anxious, then many activities	Sad, isolated, sits alone
Engagement	Limited - in doll play only	Fleeting	Limited - with teacher
Sucking	Very little; some biting	Very little; some biting	Considerable
Swinging	None	None	None
Relationships to			
Mother	Seeks affection and moves out	Seeks affection and moves out	Seeks attention; longing
Student Teacher	None evident	None evident	Jumps with Molly
Teacher	Points to Ethel's spilling	Asks permission to play	None evident
Peers	Parallel play in doll corner with Ethel	Parallel play in doll corner with Ethel and Donna	None evident
Transitional objects	None evident	None evident	None evident
Defenses			
Defensive identification	Maternal: feed dolls	Maternal: feed dolls	Maternal: feed, clothe dolls
Passive to active	Refuse to leave school	None evident	None evident
Affects			
Sadness Vs. Cheerful	Some pleasure in play-doh	Vicariously enjoy mess	Mostly sad
Anxiety in relation to			
Separation	Control by turning to mother	Near tears	Near tears
Messing	Concerned about spilled water	Concerned about mess	Concerned about mess
Aggression	None evident	None evident	None evident
Ego Development			
Identification with teacher	None evident	None evident	None evident
Passivity Vs. assertiveness	Active - defends toy	Active - on move	Passive - often sits
Learn singing; story	None evident	None evident	None evident
Ride tricycle	None evident	None evident	None evident

Days in Nursery School

CATEGORIES	Sept. 22nd - 4th Day Mother sometimes gone	Sept. 23rd - 6th Day Mother mostly gone	Sept. 27th - 7th Day Mother mostly gone
Reaction to Entrance			
Major Approach	Cautious - then retreat	Very controlled, less anxious	Great longing; immobolized
Engagement	Some engagement; retreat from mess	Limited	Limited - teacher facilitates
Sucking	Considerable	Considerable	A great deal
Swinging	None	None	None
Relationships to			
Mother	Seeks reassurance after mess	Some longing	Longing; fretting
Student teacher	Molly attends; accepts help	Jump with: sit next to	Follow Sarah, Molly
Teacher	Attends: changes clothes	None evident	Follow and sit close
Peers	Parallel play in doll corner. Read book to Bob	Parallel play in doll corner	Parallel play in doll corner; defends right
Transitional objects	None evident	None evident	None evident
Defenses			
Defensive identification	Maternal: feed dolls	Maternal: feed dolls	Clean up excessive
Passive to active	None evident	None evident	Not go to mother
Affects			
Sadness Vs. Cheerful	Cheerful when mess	Cheerful when mess	Sad except when mess
Anxiety in relation to			
Separation	Whines at end of morning	Near tears	Near tears or crying
Messing	Greatly concerned	Great concern; very clean	Considerable concern
Aggression	None evident	None evident	None evident
Ego Development			
Identification with teacher	None evident	None evident	Helps: Distributes toys
Passivity Vs. assertiveness	Passive - often sits	Passive and active	Immobile and defends
Learn singing; story	None evident	None evident	Attend actively
Ride tricycle	None evident	None evident	None evident

Days in Nursery School

CATEGORIES	Sept. 28th - 8th Day Mother mostly gone	Sept. 29th - 9th Day Mother doesn't stay	Oct. 3rd - 11th Day Mother doesn't stay
Reaction to Entrance			
Major approach	Great longing then cheer up a little	Great longing; turn to teacher	Great longing; turn to teacher
Engagement	Limited - teacher facilitates	Very limited - teacher facilitates	Limited - teacher facilitates
Sucking	A great deal	A great deal	A great deal
Swinging	Sarah swings some	None evident	None evident
Relationships to			
Mother	Longing, Seeks affection when hit	Great longing. Frets	Great longing
Student teacher	Seeks lap and swing: Sarah	Sarah:lap;Molly:play	Sarah:lap
Teacher	Seeks lap. Little response otherwise	Seeks comfort	Seeks comfort for hurt
Peers	Limited: not tolerate aggression;jealous of swing	Limited: not share	Parallel play in doll corner:defend rights
Transitional objects	None evident	None evident	Special gift from father
Defenses			
Defensive identification	Clean-up excessive	Cry when can't help teacher	Maternal: comforts doll
Passive to active	None evident	None evident	Sarah: runs away
Affects			
Sadness Vs. Cheerful	Very sad	Very sad	Very sad, Play-doh cheers
Anxiety in relation to			
Separation	Near tears	Near tears; barely holds on	Near tears
Messing	Considerable concern	Considerable concern	Some concern
Aggression	Not tolerate bump from Bob	None evident	Not tolerate attack
Ego Development			
Identification with teacher	None evident	Helps: set table	None evident
Passivity Vs. assertiveness	Passive: stares	Passive: subdued	Passive and defends
Learn singing; story	None evident	Can attend	Can attend
Ride tricycle	None evident	None evident	None evident

Days in Nursery School

CATEGORIES	Oct. 4th - 12th Day Mother doesn't stay	Oct. 5th - 13th Day Mother doesn't stay	Oct. 6th - 14th Day Mother doesn't stay
Reaction to Entrance			
Major approach	Great longing; cries	Great longing	Happier after swing
Engagement	Limited; teacher facilitates	Limited - teacher facilitates	considerable - teacher facilitates
Sucking	A great deal	A great deal	A great deal
Swinging	Some from Sarah, teacher	Some from teacher	Extensive Sarah
Relationship to			
Mother	Great longing	Cling plus longing	Some longing
Student teacher	Sarah:lap;Molly:play	Sarah: lap excessive	Sarah: swing
Teacher	Seeks swing, lap	Swing eases entrance	Sarah: swing
Peers	Limited: not tolerate aggression: Kurt	Limited: little contact	Parallel play in doll corner: Ethel
Transitional objects	Special gift from father	Special gift from father	None evident
Defenses			
Defensive identification	Maternal: feed, brush hair	None evident	None evident
Passive to active	None evident	None evident	Teacher: run away and back
Affects			
Sadness Vs. Cheerful	Very sad; cries	Very sad	Smiles at teacher Cheers up with play
Anxiety in relation to			
Separation	Cries: seeks mother	Near tears	Cry when can't swing
Messing	None evident	None evident	None evident
Aggression	Not tolerate attack: Kurt	None evident	None evident
Ego Development			
Identification with teacher	Help: set table	None evident	Help Sarah clean
Passivity Vs. assertiveness	Passive: does little	Passive: does little	Active, can't assert self
Learn singing; story	Can attend	None evident	Can attend
Ride tricycle	None evident	None evident	None evident

relationship,and child changes. This leads easily then to the formulation of further goals and the means for achieving them and is contained in the concluding sections of the developmental plan. After the intensive study of the material for the period analysis, it is relatively easy to focus on the end of the interval and make the cross-sectional parent-child, and child development ratings.

The reliability of the period analysis. The period analysis on children has previously been checked for reliability (Heinicke and Westheimer, 1965). One of the safeguards provided in the sample studied here is that one half of the children are analyzed by one observer and the other half by another observer.

A further check of reliability was made as follows: Two child psychoanalysts, also trained in child development research, read all of the observations and viewed the videotapes on two of the cases. They repeated not only the qualitative analysis but also replicated all the parent-child and child development ratings. Of the 152 parent-child ratings made, only four differed by as much as three points on a 7-point scale. There were no 3-point differences for the 40 child development ratings made. Furthermore, there was essential agreement on the qualitative judgments made for each of the cases. Thus, working from the raw data, two data analysts who knew nothing of the project came to very similar conclusions as those directly involved in observing the children.

B. The Task Orientation Categorizations.

These direct categorizations derived from weekly observations are converted to ratios indicating the frequency of a given category of behavior per number of minutes the child is observed; for example, the number of disruptions per minutes of observation. Groupings can then be made which best highlight the trends in the individual task orientation categories.

Reliability of the task orientation scores. Not only are these scores contributed to by three different observers, but more direct reliability checks were also made. One such check consisted of two observers independently scoring videotapes of the children's task orientation behavior during booktime. The median correlation coefficient of reliability for the various categories was .89. The reliability of the task orientation categories also was tested by comparing simultaneous on the spot scoring; the median correlation coefficient was .81.

II. THE CROSS-SECTIONAL DATA.

A. Psychological Testing.

The scoring of the Stanford Binet, the WPSSI and the WISC follow standard procedures. The reports themselves include extensive behavioral descriptions and discussion of strengths and weaknesses at each assessment point. The Stanford Binet data was analyzed and rated more extensively than the other testing data. Six categories of behavior description such as Level of Involvement in Tasks, Child's Comfort with Examiner, and Attention Span were rated on a 7-point scale by the examiner and an independent observer.

In addition, the strengths and weaknesses of each child in each evaluation were categorized according to a Binetgram (Sattler, 1974). This was done to determine longitudinal patterns of the child's functioning on such dimensions as Conceptual Thinking, Social Intelligence and Language Ability.

Reliability of the psychological testing. In so far as the I.Q. scores correlate with related measures such as task orientation, their reliability is enhanced. This is especially the case since the examiner has no other information on the children.

A more direct reliability test was possible by comparing the Binet I.Q. scores with the WPSSI scores derived by another examiner on the same children at approximately the same time. The total Binet score correlates with the total WPSSI to the extent of .79; $p < .01$.

B. The Task Orientation Scores.

The computation and reliability of these scores as frequency per minute ratios has already been described in relation to the process analysis. A certain set of observations of the child's task behavior then will best represent the cross-sectional assessment.

C. The Child Development Ratings.

These developmental ratings need no further data analysis other than that which is done to derive various intercorrelations.

Reliability of child development ratings. The fact that eight different observers contribute to the data pool minimizes the possibility of subjective bias. Moreover, the fact that half of the cases are rated by one observer and half by another removes the objection that the results could be generated by one person. The ability of two outside data analysts to replicate the child development ratings on two cases analyzed from the original observations has already been noted.

D. The Parent-Child Ratings.

These parent-child ratings also need no further data analysis other than that which is done to derive various intercorrelations.

Reliability of parent-child ratings. All parent-child ratings are made by the social worker involved with that family as well as by the observer doing the period analysis, child ratings and developmental plan on that family. Table 2 and 3 give the intercorrelations of the two sets of ratings on Culver City Samples 1, 2 and 3 at the 6-week and 5-month assessment point. The median correlation coefficients for all but one of the ratings range from .66 to .81, the exception being in the rating of the parent's standards for adult role, which clearly was not rated reliably.

Further checks of the reliability of the parent-child ratings were as follows: The essential replication of 152 parent-child ratings by two outside data analysts working from the raw data has already been mentioned. For the families in the Culver City consultative group, the parent-child ratings done by the interviewer and based on his cross-sectional mother-child interaction assessment could be compared with the parent-child ratings based on the interview and more general mother-child observations made by the director of the Center during the first six weeks of the family's stay in the Center. The data base this time is strikingly different: A forty-minute assessment at six weeks as compared to continuing observations and contacts from entry to the six-week point. It is therefore of interest that the parent-child ratings in the clusters which describe (a) being available, affectionate and communicating with the child, and that which describes (b) moving the child to new relationships and cognitive experiences are rated reliably at statistically significant levels whereas the ratings in the other clusters are not. Apparently, the significant variations in these clusters can be picked up in a forty-minute interaction. Since these correlations are based on an N of 11, they must be viewed with great caution. They do, however, provide some evidence that global parent-child ratings based on observations and interview contacts can to some extent be replicated from an independent and small sample of parent-child interaction.

A further way of defining the parent-child ratings, in this case done by the director of the Center, is to study their correlation with the specific mother-child interaction assessment categories. Table 4 shows the significant correlations for the six week assessment point. Thus, the parent-child rating of affection (I) and having time available (II) correlates with certain obvious equivalents like warmth but also with categories such as the parent sharing activities and feelings, giving appropriate help, being concerned about the role of parenting, and having a sense of self.

The rating of providing an organized environment (III) and all those relating to standards of behavior (VI-a, b, c, d, e) show next to no correlation with the interaction categories and therefore are not included in the table.

The clarity of availability rating (IV) is correlated with a sense of self and indications of good self-esteem. The rating of the parent effectively setting limits (V) correlates with categories that again suggest the parent's sense of strength and sureness: Evenness in their actions, ego strength, and a good self-esteem.

Noteworthy about the rating of the parent's clarity of communication (VII) is its negative correlation with the interaction category of attempting to appear "good" as a parent. This suggests that needing to appear as a good parent, with the implications for a certain guardedness, is found in parents who also are not open in their communications with their children.

Parents who are rated as effectively moving their children to new experiences do not curb or control the child too much, are sure and consistent in their actions and are also empathic and give appropriate help. These categories then express a certain sense of adequate timing and confidence in moving the child to the new experience.

The parent-child rating of having conceptual exchanges with the child (X), which at six weeks was generally correlated with the affection-availability cluster, does tend to correlate with the same interaction categories correlated with the parent-child interaction ratings.

In general, analysis of Table 4 reveals that the global parent-child ratings done by the Center's director do have a great number of specific correlaries in a very time-limited parent-child interaction assessment situation. This is not true, however, for those ratings relating to standards for behavior. Once more we have found that the reliability of this particular group of ratings is clearly not as adequate as that obtained for the other ratings.

As already indicated at 5, 12, and 24 months, the social worker was also asked to rate, on a -7 to +7 rating scale, the overall change in the preceding interval of the total parent-child functioning and the general functioning of the parent as a person. These two global indices of change are perhaps the broadest picture of what is happening, for example, in the six-week to five-month interval in terms of the parent-child interaction and the parent's functioning as a person. These ratings were correlated with a global change index derived from summing the specific changes from one assessment point to the other in the demographic status of the parent. Both of the two global change ratings made by the social worker correlated with the demographic change index, particularly the global rating describing the change in the parent as a person. The median correlation coefficients for the three time intervals were .85 for the Global Person Rating and .63 for the Global Parent Rating.

E. Procedures for Analysis of the Doll Play Material.

As noted in previous sections, the doll play sessions involved a clinical, unstructured play segment in which the child was free to play as he wished with a variety of toys including, for example, such items as a doll house, puppets, cars and playdoh. Following a time span of approximately 30 minutes the clinician turned to assessing the child on the tasks of producing figure and spontaneous drawings, storytelling and writing his name.

The material obtained was then analyzed in a variety of ways as follows:

1. Overall Clinical Ratings of the Doll Play Session

a. Child's attitude toward coming with clinician.
b. Child's comfort in being with clinician.
c. Level of involvement in session.
d. Emotional health-pathology.
e. Child incorporates clinician vs. being self-involved.

The detailed definitions of these scales can be found in Appendix F; however, one might note that the items in question were developed on the basis of factors deemed to be clinically relevant to helping us understand the nature of the child's psychological state.

Thus, items a, b, and c (child's attitude in coming to the session, his comfort while there, and extent of involving the clinician) were included on the basis of examining the hypothesis that the child's manner of relating to an adult under these circumstances might be predictive of his functioning and relationships in other spheres. For example, it was thought that a child who refused to come with the clinician, who was anxious while there, and who paid no attention to the clinician while in the session, was dynamically and significantly different from one who came eagerly, was happy to be there and who tried to involve the clinician as an important facet of the experience.

Level of involvement in the session (c) was included to assess the likelihood that one could predictively tap a child's tendency to become sufficiently motivated and uninhibited to use the session in a free, open manner that spoke well of his enthusiasm and freedom in drawing on his own resources. One might refer to this dimension as relating to the motivational-emotional aspects of task orientation and the expectation was that positive appearance in this respect during the doll play session might well be related to positive child and parent attributes in various contexts.

The emotional health-pathology rating was developed in an attempt to establish the child's place on the continuum of emotional health apart from the specific task assessments which were all made. Thus, the rating here was very much a clinical one in the sense that one was estimating the degree of emotional disturbance or the relative lack of it as the case might be. The hypothesized anticipation was that less positive parent and child attributes would be positively related to correspondingly greater disturbance in the child.

2. Drawing Ratings.

The child's figure drawings were analyzed using several previously formulated procedures (Harris, 1963; Koppitz, 1969) as well as two related scales devised for this project, since neither the Harris nor Koppitz norms (which were the best presently available) had been adequately validated. Both Harris and Koppitz developmental scoring systems were employed as well a as the latter's scoring procedure for indicators of emotional disturbance. The Harris scores reflect a developmental assessment of the figure drawings based on the various drawing components (e.g. arms, clothing, etc.) included in the drawing and converted into standard scores based upon the child's age and sex and the sex of the figure drawn (e.g., the score for a 4-year-old boy drawing a female figure). With respect to the Koppitz material, emotional indicators are a total of "pathological" omissions and pathological inclusions in the drawings while the developmental scales involved a score reflecting the combination of items expected at a certain age, which the child does not include, combined with extraordinary items not anticipated which the child does include in his drawing. The emotional indicators are merely summed into a total new score which may go from 0 to 30, while the developmental scores range from 0 to 8.

The scales devised by ourselves (see Appendix G) were inserted to provide further information on the dimensions of development and normality-pathology. It was felt that since much of the productive use made of drawings in the usual diagnostic setting was in terms of clinical interpretations of the material we did not want to lose the utility of this experience in the present setting. However, to provide us with the opportunity of relating this understanding to the empirical assessments derived from other relevant material (e.g., parent and child ratings) an attempt was made to define the parameters of the clinical judgments to be made so that one could viably analyze the clinician's interpretations of these dimensions, in an empirical sense.

For the evaluation of the spontaneous drawings (i.e., those where the child could draw whatever he wished) no previously established system or norms for evaluation were found and therefore the developmental and normality-pathology ratings devised for the figure drawings were applied here as well.

3. Story Telling.

Stories generated by the children were categorized into those viewed as spontaneous (i.e., where the child created his own story) and previously heard (i.e., where the child related a standard story heard elsewhere). Each of these were then scored for dimensions of adequacy and creativity (see Appendix H). It was felt that the distinction between those children who responded with stories they had heard before, relative to those who developed their own story, might well reveal levels of differential functioning, each of which might be representative of styles of thinking and performance that would merit independent assessment. Within each of these dimensions, it was felt that the elements basic to any story were their adequacy (e.g., does it make sense in a logical and complete manner?) and creativity (e.g., can the child demonstrate the kind of imaginative inner resources that reflect appropriate individuality?). These two dimensions seemed particularly in tune with thoughts regarding the significance of optimal task orientation described in previous sections and as such were again regarded as viable reflections of such capacities as well as good predictive indicators.

4. Writing Name.

Since it soon became apparent that not enough children responded with a last name, the data analysis was limited to the first name. The scoring procedure used was one in which the child was scored according to the percentage of letters in his name spelled correctly.

In doing all of the above ratings, the clinicians who conducted the doll play analyzed and rated the drawings independently at each assessment point and then proceeded to the overall clinical ratings. The story ratings were all done by one of the clinicians. Because not all children have reached the 24-month point, data analysis for this assessment cannot presently be completed.

Statistical data analysis already carried out includes the intercorrelation of the various doll play factors with the parent ratings, child ratings, age, and I.Q. (all for the 5- to 12-months point). Still to be done are the 24-months assessments, the factor and trend analysis of the various items, and group comparisons by treatment category.

F. Teacher Ratings During the Kindergarten and Elementary School Period.

These ratings need no further data analysis other than that which is done to derive various correlations.

Reliability of public school ratings. Simultaneous administration of both the teacher ratings developed in this project and the Devereux teacher rating form made it possible to assess the reliability of these ratings. Using both the December and June assessment on a child, a difference score could be computed for each of the ratings of a given battery. The sum of the difference scores on one battery was then correlated with the sum of the difference scores on the other battery. For an N of 21, the correlation coefficient is .60; P .05.

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CHAPTER 8: THE DESIGN AND METHODOLOGY OF THE STATISTICAL ANALYSIS[1]

A. Introduction.

The short-term longitudinal nature of this research dictated certain features and constraints in the design and methodology of the statistical analysis used in analyzing the data that were collected. The study was designed to follow both families and children from Entry into preschool day care through participation in Kindergarten and the Primary Grades. In addition to daily and at least weekly process data collected on each child and his or her family, carefully planned cross-sectional assessments were made at the point of Entry into day care, after 6 weeks, after 5 months, after 12 months, and after 24 months. Once children were in Kindergarten or the Primary Grades, follow-up was continued by asking the day care center and public school teachers of these children to rate them on 16 behavioral scales both in December and in June of a given school year. Thus, it was possible that a child and his family might be available for continuing observation and follow-up over a period as long as five years. It was also possible, and highly probable, that for one reason or another certain children would terminate prior to the time that a complete follow-up could be conducted. This reality of longitudinal research dictated that provision be made for coping with missing data, for surely there were myriad ways that the missing data problem would surface over the course of a 5-year study.

The major data collection points were the planned periodic cross-sectional assessments. Therefore, from an experimental design point of view, the cross-sectional assessment points served as "apertures in a camera lens" through which the development of a child and his or her family could be recorded regularly across a prescribed time frame. Each of these important assessment points was regarded as a discrete slice in time for statistical analysis purposes.

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[1] This chapter was written by Diane Ramsey-Klee

The children that served as the focus of the data base for this study did not all enter day care during the same calendar year. A new group of children and their families became the subjects of four separate samples at the Culver City Children's Preschool Center in several consecutive years. Thus, the possibility existed that there might be differences among these four samples that could affect the experimental variables under investigation.

In order to add rigor to the experimental design, each of the first three Culver City samples was paired with a "contrast" sample consisting of children and their families at a similar day care center geographically distant from the Culver City Children's Preschool Center. The "San Pablo contrast" center was considered to be comparable to the Culver City center in all known respects except that it did not offer social work services to the families. A fourth Culver City sample was added later in order to try out a new consultative approach to intervention and to assess special aspects of child-parent interaction and the child's development of the concept of space.

Figure 3 depicts the basic experimental design that was employed in this study. The upper half of this figure portrays the longitudinal course of the four samples studied at the Culver City Children's Preschool Center, while the lower half of the figure shows the longitudinal course of the three paired samples at the "San Pablo" Day Care Center. The vertical dotted lines correspond to the four major assessment points. Consequently, at each assessment point samples within a center could be compared or combined, or the samples from the experimental center could be compared to their counterpart samples in the "contrast" center.

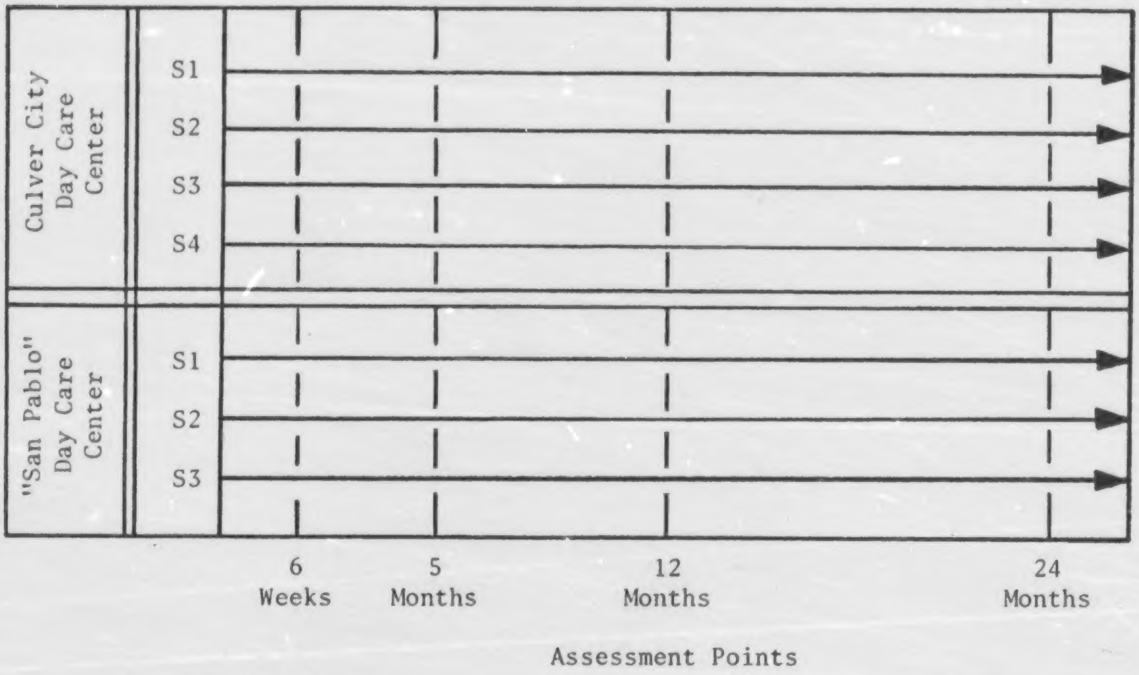
Culver City Day Care Center
S1
S2
S3
S4
"San Pablo" Day Care Center
S1
S2
S3
6 Weeks
5 Months
12 Months
24 Months
Assessment Points

Figure 3. The Basic Experimental Design Employed in This Study.

B. Description of the Samples.

1. The Four Culver City Day Care Samples.

The children and their families who formed the subjects of the four Culver City day care samples differed in total number for each year of the 4-year sampling process. This difference in total number of children in the four samples resulted from a variation for each of the four years in those mothers and their children who were eligible for preschool and/or extended day care services under Aid to Families with Dependent Children (A.F.D.C.) regulations. Thus, 15 children and their families formed the first Culver City sample, 10 children and their families constituted the second Culver City sample, 23 children and their families composed the third Culver City sample, and 12 children and their families comprised the fourth Culver City sample. These sample sizes remained constant at the 6-week and 5-month assessment points, but suffered from encroaching attrition at the 12-month and 24-month assessment points. This anticipated loss of cases over the time frame of the research is clearly shown in Table 5 where the sample sizes for the various samples in the two day care centers over the four assessment points are displayed.

2. The Three "San Pablo" Day Care Samples.

Table 5 also shows that the three "contrast" samples from the "San Pablo" day care center were paired in numbers with their counterpart samples in the Culver City day care center at the 6-week assessment point. For Samples 1 and 3, an equal number of children were found, but for Sample 2, only seven children were available from the enrollment at the "contrast" center. Consequently, the pooled number of cases across all three samples is three cases less for the "contrast" center at the 6-week assessment point. The effect of attrition on the sizes of the three samples studied at the "San Pablo" day care center is even more pronounced than this effect was in the Culver City day care samples (51% attrition vs. 23% attrition at the 12-month assessment point). Nevertheless, an adequate number of cases has survived the entire 5-year course of the research to provide a stable and meaningful data base for both day care centers at the 24-month and final assessment point.

3. Siblings of the Culver City and "San Pablo" Day Care Children in Kindergarten and the Primary Grades.

The entry of a child and his or her family into day care in some instances provided the opportunity to observe older or younger siblings in their home environment, in day care, and in the public school situation. In certain cases, a younger sibling became part of the overall study sample in subsequent years. Where possible, the older siblings of children in the Culver City samples were followed in Kindergarten and in the Primary Grades. Altogether, eleven children were followed as siblings of younger children who were members of the first three Culver City samples. Three older siblings were followed for the children who were members of the three "San Pablo" samples.

C. Enumeration of the Variables.

The variables that were taken into account in the statistical analyses that were performed fell into one of three major categories as described below.

1. The Parent-Child Variables.

Fourteen parent-child ratings were made for each child and his or her family at each of the four assessment points by the psychiatric social worker assigned to the family and where possible by a child development professional. The titles of these 14 ratings are as follows:

a. The quality and quantity of the parent's affection for and liking for his child.

b. The extent of time and energy that the parent has available for his child.

c. The parent's capacity to maintain an organized and effective environmental sequence.

d. The clarity with which the parent defines his availability.

e. The extent and consistency of the limits set by the parent.

f. The standards set and the sanctions used by the parents in regard to (1) aggression control, (2) cleanliness, (3) self-reliance, (4) adult role behavior, and (5) achievement in preacademic areas.

g. The extent of clarity in parent-child communication.

h. The extent of the parent's active instruction.

i. The manner and extent to which the parent encourages the child to move toward new experiences and relationships.

j. The frequency with which the parent is involved in a conceptual exchange with the child.

These 14 ratings were made on a scale from 1 (Low) through 7 (High). Change scores for each of the 14 parent-child ratings between adjacent assessment points also were computed and recorded. Additionally, global changes in the parents' functioning both as persons and as parents were noted specifically, employing a rating scale ranging from -7 (Low) to +7 (High). The Global Person rating and the Global Parent rating, as they were called, brought the total number of parent-child variables to 16.

For the fourth Culver City sample only, an additional set of 62 variables was measured by the Marshak child-parent interaction assessment technique (Marshak, 1960) which yielded 28 child-focused measurements and 34 parent-focused measurements.

2. The Child Variables.

A set of five developmental ratings was made on each child at each of the four assessment points by a child development professional. The titles of these five ratings are as follows:

a. The nature of the child's psychological move from the parents to a new involvement in school.
b. The nature of the child's peer relations.
c. The nature of the child's task orientation.
d. The nature of the child's modulation of aggression.
e. The nature of the child's general adaptation.

These five ratings were made on a scale from 1 (Low) through 7 (High).

The Stanford Binet test was administered to each child at each of the assessment points by an experienced psychologist who did not have any other information on the child or family. To provide additional information on verbal and performance subtests, the WPSSI was administered by another experienced psychologist when the child was ready to enter Kindergarten. Similarly, the WISC was administered by the same psychologist at the end of kindergarten.

The generation by a child development professional of continuous observations of each child's task orientation on a number of dimensions made it possible to formulate seven task orientation scores for each child at each of the assessment points. The titles of these seven scores are as follows:

a. Disengagement.
b. Interest.
c. Seeking affection and giving affection.
d. Disruption.
e. Productivity.
f. Seeking adult's lap.
g. Regression.

The seven task orientation scores were derived by dividing the number of observations of each class of behavior by the total number of minutes that the child was observed. The resulting ratios were calculated to four decimal places in order to preserve all of the significant information.

In addition to the child variables already enumerated, a standardized doll play interview also was conducted which yielded a wealth of specific measurements. The purpose of the doll play interview was to provide a private opportunity for the child to express and a trained child therapist to assess the child's prodominant preconscious concern. At the conclusion of the interview, the child is asked to draw a picture of a boy and a girl, to write his first and last name, and to tell any story that he can think of. A set of 35 variables was derived from the doll play interview consisting of three dichotomous indications of whether the child attempted various drawings or not, eight clinical ratings on a scale from 1 (Low) to 7 (High) of the developmental adequacy and normality-pathology of the child's figure drawings, five overall clinical ratings of the child's behavior during the doll play interview, three scores of the child's figure drawings based on the Harris scoring system (Harris, 1963), six scores of the child's figure drawings based on the Koppitz scoring system (Koppitz, 1968), the percentage of letters written correctly by the child for his or her first and last names, and eight clinical ratings on a scale from 1 (Low) to 7 (High) of the adequacy and creativity with which the child told a story if one was attempted.

For the fourth Culver City sample only, an additional set of five variables was derived from a Spatial Conception Test which measures the child's stereognostic recognition of objects and shapes and his or her performance in the construction of a projective straight line.

3. The School Assessment Variables.

A set of 16 ratings on a scale from 1 (Low) to 7 (High) was made in December and again in June for each child followed into Kindergarten and the Primary Grades. These ratings were made by the child's kindergarten or elementary school teacher and also by the child's teacher at the Culver City Preschool Children's Center if the child continued in day care after public school hours. The titles of these 16 ratings are as follows:

a. Nature of the child's move into the classroom.

b. The degree of the child's contact with other children.

c. The positive/negative emotional nature of the child's contacts with other children.

d. The degree of the child's emotional involvement with other children.

e. Cooperation, leadership, and following behavior.

f. The extent to which the child works well on projects by himself which he has initiated in regard to (1) creativity, (2) attention span and involvement, and (3) quality of production.

g. The extent to which the child works well on projects by himself which the teacher has initiated in regard to (1) ability to follow instructions, (2) attention span and involvement, (3) quality of production, and (4) creativity.

h. How the child deals with his aggression.

i. Behavior.

j. Affects.

k. Overall adjustment.

The 16 ratings made by the teacher also were summed to provide a total score, making a seventeenth variable.

The 14 parent-child ratings described under 8.C.1. also were made in December and again in June for each child being followed into public school by the psychiatric social worker. In addition, global changes in the parents' functioning both as persons and as parents were noted in this assessment.

The Devereux Elementary School Behavior Rating Scale (Spivack & Swift, 1967) was added later to the school assessment protocol and used by both public school teachers and day care teachers to rate each child on ten behavior factors. Like the other ratings, the Devereux ratings also were made in both December and June of a school year.

D. Data Formats for the Statistical Analysis.

Special forms were designed where required to record the ratings and measurements made on each child across the four assessment points. Standard punched card formats were developed from these recording forms in order to convert the data collected into machine-readable form for subsequent statistical analysis by computer. Because of the voluminous number of variables on which data were collected, the data set for any given child at each assessment point typically consisted of a decklet of 80-column punched cards, ranging from three cards for the parent-child and the child variables (including change scores) to nine cards for the school assessment variables (including change scores). The anonymity of the child was protected in the punched card data base by using a 3-digit coding scheme that uniquely identified the child, the sample to which he or she belonged, and the day care center which the child attended. Documentation of the various punched card formats was prepared for reference in performing the various statistical analyses.

E. The Treatment Groups.

An additional feature of the experimental design was the identification of five matched treatment groups consisting of six children each. The children in these groups were matched on sex, age, and I.Q. at 6 weeks after entry into day care. Assignment to one of the five treatment groups then was based on the primary mode of social work intervention that the child's family received (or did not receive). Titles for these five treatment groups are as follows:

1. Culver City Open-Ended Interpretive.
2. Culver City Open-Ended Supportive.
3. Culver City Problem-Oriented Interpretive or Supportive.
4. Culver City Non-Utilization (i.e., social work services were offered, but the parent was unable to utilize them).
5. "San Pablo" No Treatment (i.e., no social work services were available).

If a child was a member of one of the five treatment groups in addition to his or her membership in the overall data base, this fact was noted by adding a special 1-digit code into all data cards corresponding to the child.

Thus, it was possible to pull out a subset of cards at each assessment point for special statistical analyses by treatment groups or to include the treatment cases in the analysis of the overall data base.

F. Reliability.

Of early importance in research of this type is the assessment of the reliability of repeated ratings by the same observer or ratings of the same situation by more than one observer. Adequate reliability provides credence to the subsequent statistical analysis; poor or marginal reliability implicates variables that require further definition or refinement.

Manuals defining the parent-child ratings, the child development ratings, and the school assessment ratings were prepared to standardize the rating methodology. Where appropriate, reliability coefficients (product-moment correlation coefficients) were computed between pairs of raters. Thus, for example, it was discovered very early in the research that some of the parent-child rating scales yielded lower reliability coefficients than the others. The protocol for making these ratings was refined and made more explicit, with an accompanying increase in inter-rater reliability at later assessment points.

G. Statistical Techniques Employed.

Since the statistical analysis was performed by computer using the Biomedical Computer Programs (Dixon [Ed.], 1973), a large armamentarium of analytical procedures was available. These procedures range from descriptive statistics (such as measures of central tendency, range, variance, standard deviation, standard error, histograms, cross tabulations, time-series plots, and correlation) to variance analysis, regression analysis, factor analysis, and other forms of multivariate analysis. Where change scores were analyzed, care was taken to avoid the pitfalls in interpretation elucidated by Cronbach and Furby (1970).

Past experience has shown that initially it is informative to compute measures of central tendency for the various experimental groups corresponding to the major variables of interest and then to plot these values over time. Various forms of analysis of variance (ANOVA) reveal the significant differences between pairs of experimental groups on the key variables at each assessment point (i.e., t tests of mean difference are available as a computational option in performing an analysis of variance). Most ANOVA programs provide for the condition of unequal N's among experimental groups, making it possible to handle the missing data problem. One-way ANOVA, in particular, was used extensively in this research to systematically identify any significant differences between samples or between treatment groups on the large array of variables that were collected.

Correlational analysis affords insight into the relationships between variables, and computational programs are available that accommodate the case where data may be partially missing for individual subjects. Factor analysis is a natural extension of interesting correlational results, and was used in this research to identify parent-child factors and child factors. The rotation option selected in these factor analyses was rotation for simple loadings (Jennrich & Sampson, 1966). Factor scores derived independently from the separate factor analyses of the parent-child variables and the child variables subsequently were correlated to provide additional insight into the underlying dynamics of the research results.

Use of regression techniques makes it possible to combine variables that differentiate between experimental groups into equations that are useful in predicting future performance or behavior. These statistical techniques have not been used as yet in this research, but they are under consideration for further analysis.

H. The Missing Value Problem.

Missing data occurred in this research in two main ways. The first and most serious way was through sample attrition. We have found that there is little attrition in groups experiencing some form of family intervention, whereas those not wishing to utilize the social work constitute a separate contrast group. Our experience suggests that skillful cultivation of interest in the intervention groups does permit continuing study and follow-up. However, attrition is likely to occur in the control group, and so new cases matching the drop-outs may well have to be added. This, indeed, has been necessitated in a few cases. When a child terminates from the program for whatever reason, no further data are available at later assessment points. The effect of this attrition is depicted clearly in Table 5 where the drop-out rate at the 12-month assessment point for the children in the Culver City day care center is only 23 percent compared to 51 percent for the children in the "San Pablo contrast" day care center. However, our past experience has shown that an initial sample size of 100 well-studied cases is sufficient to perform meaningful statistical analyses, given the intensity and focused nature of our data collection, even with the advent of some sample attrition.

The second way that missing data occurred was either that a child simply was not available at a particular assessment point, or that a rater or observer felt unsure about a particular rating because of insufficient observational data upon which to base it and left it blank. Thus, for example, an I.Q. score might be missing for a child who temporarily was absent from the day care center at the prescribed assessment point, or the set of seven task orientation ratios might be missing because of insufficient observational data.

The effects of these two sources that contributed to the missing value problem were handled in different ways. If a child terminated, he or she was dropped from further statistical analyses, reducing the sample size. Occasional missing values were handled in one of two ways, depending upon the nature of the statistical analysis being performed. Most analysis of variance programs provide for unequal N's among the experimental groups, and certain correlational programs are available that accommodate the case where data may be partially missing for individual subjects. The factor analysis program that was used, however, requires a complete data set for each individual, so any missing values necessitated dropping the case from that particular analysis.

There is no real solution to the missing value problem, only a variety of ways offered for coping with it (Dixon, 1975; Frane, 1975; Elashoff & Elashoff, 1970). The influence of missing data on the research being reported here has not been pronounced, has not severely compromised any of the statistical analyses that have been performed, and has not threatened the substantiality of the research results.

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PART III. FINDINGS: THE ASSOCIATION OF PARENT-CHILD AND CHILD VARIABLES

CHAPTER 9: THE CLUSTERS OF PARENT-CHILD RATINGS[1] AND CHILD DEVELOPMENT VARIABLES

In order to present as parsimonious a picture as possible of the intercorrelation of the many variables that were studied, the parent-child ratings and the various child development indices were factor analyzed at each of the following assessment points: 6 weeks, 5 months, and 12 months. The data are incomplete at 24 months but will be analyzed when they become complete. It should be noted also that future factor analyses will include a greater number of child indices as derived from the doll play situation and qualitative analysis of the psychological testing.

The following statistical analyses were conducted at each assessment point studied thus far:

1. Intercorrelation of the parent-child ratings (see Tables 6, 7, and 8).

2. Intercorrelation of the child development indices (see Tables 9, 10, and 11).

3. Factor analysis of the parent-child correlation matrix (see Table 12).

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[1] This chapter was written by Christoph Heinicke and Larry Strassmann

4. Factor analysis of the child development indices correlation matrix (see Table 13).

5. Intercorrelation of the parent-child and child development factor scores (see Tables 16, 17, and 18).

A. Factor Analysis of the Parent-Child Ratings.

Table 12 shows the five factors that fairly consistently emerged at the first three assessment points.

Factor A - Being available, affectionate, and communicating with the child describes the extent to which the parent is psychologically available to and in communication with his or her child. Other words used for this quality are responsiveness and being aware of and meeting the child's needs. For the population of parents in this study, it was particularly relevant whether they were "in touch" with their children or whether forms of depressed preoccupation made them unavailable.

Factor B - Moving the child to new relationships and cognitive experiences describes that set of interactions in which the parent encourages and prepares the child for new experiences. Neither holding the child back or demanding immediate adjustment in new situations reflects the optimal pacing suggested by this factor. Teaching in the sense of active instruction and exposure to new materials and ideas is for this study part of this cluster.

Factor C - Providing limits and an organized environmental sequence measures the extent to which the parent provided a fairly consistent structure for the child. Is the child able to develop expectations in regard to the daily routine, and what behaviors will or will not be acceptable to the parent?

Factor D - Setting standards for self-reliance describes those expectations in the parent that suggest and reinforce the child's reliance on himself as well as behaving in ways more typical of adult than child behavior. For example, the mother who looks with favor on her preschool child as he gets himself dressed and "makes" his own breakfast.

Factor E - Standards for the control of aggression and being clean describes the parent who expects and reinforces that his or her child control impulses to aggress and be dirty. As for all ratings in this study, this type of behavior is, of course, a relative matter. Thus, very few families were excessive in either their control of the children's messiness or aggressiveness.

B. Factor Analysis of the Child Development Indices.

Table 13 shows the six factors that fairly consistently emerged at the first three assessment points. It must be stressed again that these factors are, of course, influenced by the selection of variables that were intercorrelated in the first place.

Factor 1 - The child's adaptation or general competence was so named because it tapped a variety of behavioral areas indicating the generally successful adaptation of the child. Children high on this factor successfully made the psychological move from the relationship to their prime caretaker to new adult and peer relationships in the Center, they showed an ability to engage in the preschool tasks, and they neither excessively expressed or repressed their aggression.

Factor 2 - The child's task productivity relates very specifically to being interested and productive in a task situation such as the storytime. The child's productivity in the storytime is reflected in his giving correct answers and making good contributions.

Factor 3 - This factor consists of the Stanford Binet I.Q. score. At 6 weeks it also has a loading in terms of interest in the task.

Factor 4 - The child's task disengagement and disruption relates specifically to two task orientation categories: The child is not engaged in the task and/or disrupts the group storytime task situation.

Factor 5 - The child's seeking a lap relates to the category scored in the storytime when the child seeks a teacher's lap.

Factor 6 - The child's seeking affection and regressing relates specifically to the child's seeking affection, usually from a teacher, or showing some form of regressive behavior such as sucking his or her thumb in the storytime.

Not included in this factor analysis because the data processing is not yet completed are the indices derived from the doll play situation. Preliminary findings showing the correlation between the components of the factors and specific variables abstracted from that doll play situation at 5 and 12 months are given in Tables 14 and 15. These results in general indicate that several dimensions being tapped by the clusters already derived from the child development ratings, the Stanford Binet I.Q. and the task orientation categories, are also measured by a completely different data gathering situation of the clinical doll play session.

One may fruitfully subdivide the clinical doll play sessions and the related assessments into a variety of subheadings including the overall clinical ratings, the various ratings of the drawings, the story material, and the capacity of the child to write his or her first name.

At 5 months, examination of the correlations revealed that, with the exception of the emotional health-pathology dimension (see Column 9 of Table 14), the remaining overall clinical ratings (attitude toward clinician) seemed not particularly related to many of the other dimensions in a consistent manner and therefore are not included in the table. As can be seen in Table 14, the emotional health-pathology rating shows significant positive correlations with the child adaptation subfactors of _move into the classroom_ (.39), _peer relationships_ (.27), _task orientation_ (.34), and _overall adaptation_ (.41). Emotional health-pathology also was correlated with five-month I.Q. (.29), and negatively correlated with the child's need to obtain affection during task times (-.32) and with his need to disrupt the class during task times (-.38). Thus, at least at the 5-month point, the emotional health-pathology dimension appears to be a promising indicator of various significant aspects of the child's functioning.

One aspect of the results that seems particularly interesting and consistent with our previously expressed feelings regarding the significance of the child's task functioning (as a reflection of their developmental state and symbolic of their capacities in various emotional as well as productive areas) is the tendency for the task orientation rating to correlate with the various types of drawing ratings. Examination of Table 14 reveals that it was especially the emotional aspects of the figure drawing productions which were related to the child factor variables and to the child adaptation factor dimensions in particular (see the drawing ratings, Columns 1 through 4, Table 14).

Also notable with respect to the further definition of task functioning was the fact that the capacity of the child to write his first name and tell a spontaneous and creative story were related to virtually all of the child adaptation elements (only first name was not correlated with aggression modulation) as well as to facets of the disengagement-disruption factor (see Columns 5 and 6 in Table 14).

Focusing on the story ratings, we note that with the exception of the category of spontaneous creativity there are relatively few significant correlations with other child dimensions although, strikingly, those which do exist tend to be quite substantial. Part of the explanation for these findings lies in the fact that so many of the children were unable or unwilling to respond with a story and many of the correlations therefore were on what amounts to a rather limited and essentially self-selected subsample. This finding seems particularly obvious with respect to those children who produced spontaneous rather than previously heard stories, and it is in this subsection (i.e., spontaneous stories) that one finds the greatest number of significant correlations with child variables (i.e., in contrast to previously heard stories). However, when one does combine the spontaneous and previously heard stories as judged for "adequacy," it is notable that there are no significant correlations with other aspects of child dimensions. For the most part, especially relative to the other dimensions such as the drawings, the quantity and variability in the quality of the children's story productions were relatively minimal and thereby may have contributed to the lack of more clear-cut findings.

Viewing Table 14, one sees that although numerous doll play elements are significantly correlated with various child factor variables, certain relationships are notably nonexistent at five months. Thus, for example, aggression modulation is not readily tapped by the doll play material nor are regression or interest in the task. Also noteworthy is the fact that the Stanford Binet I.Q. was only related to the doll play dimensions of normality-pathology/male (.38), emotional health-pathology (.29), and average male-female normality-pathology (.39).

Turning to the 12-month material, one is first of all struck by the general drop in the number of significantly correlated relationships in many of the various pairings (see Table 15). There is an almost total lack of relationship between developmental aspects of figure drawings and other factors at this stage, and the significant correlations between drawings and other child material exist for the most part in the emotional category scorings of the drawings of female figures and the ratings of the spontaneous drawings. That the bulk of the figure drawing correlations are in terms of the female figures may well reflect the increasing focus on the role of the mother in the child's life at this transitional point. Many of the mothers were showing movement in their own development, and this transition might well bring the female figure into greater differential focus for the child.

The clear-cut relationship now evident between the child factor variables and the spontaneous drawings may in turn reflect the fact that, at this point, the requested figure drawings are too heavily charged for the child in terms of anxiety and that in the more conflict-free area of spontaneous drawings, where they could draw as they wished, they were free to begin to express their experience in relation to changes in their mother. Whatever the interpretation, and others may well emerge as the data analysis is completed, correlating the developmental scoring of the spontaneous drawings with child factor variables revealed a relationship of .51 with move into classroom, .41 with peer relationships, .56 with task orientation,

.56 with overall adaptation, .34 with 12-month I.Q., and .42 with productivity in the storytime. The normality-pathology ratings of the spontaneous drawings correlated with the child factor variables of move into the classroom (.54), peer relationship (.37), task orientation (.45), aggression (.39), and overall adaptation (.59).

Comparing Tables 14 and 15, we find some consistency in the pattern of intercorrelations but the differences are more striking. The category of writing first name is not listed in Table 15 because the only correlation was a negative one with seeks lap (-.46). Detailed comparison of the patterns is premature until the data for the 24-month point are available and until the doll play ratings can be incorporated into a total factor analysis of the child variables.

What the above analysis does demonstrate is that data from a 40-minute clinical doll play situation are significantly correlated with the other independently derived child indices. Hopefully, the ultimate interpretation of the total child data will be enriched and validated by these doll play indicators.

C. Intercorrelation of the Parent-Child and Child Development Factor Scores.

In Chapter 2 we reviewed previous research findings correlating clusters of parent-child variables with clusters of child development indices. While no one set of correlated clusters had been found, the hypothesis that such correlated clusters can be established was given considerable support by the review of this research.

The intercorrelation of the parent-child rating factor scores and the child indices factor scores is given in Tables 16, 17, and 18 for each of the first three assessment points.

There are few and rather small correlations at 6 weeks. Suggestive is the fact that parents who provide sound limits and organization have children with higher I.Q.'s, and those who encourage the child to be self-reliant tend to have children who are engaged during the storytime.

Probably the most important finding is that Parent Factor A--being available, affectionate, and communicating with the child--is correlated with Child Factor 1--the child's adaptation or general competence at both the 5- and 12-month point. Similarly, Parent Factor B--moving the child to new relationships and cognitive experiences--correlates with Child Factor 1 and with the child's Stanford Binet I.Q. at both the 5- and 12-month assessment point. While not an exact replication of findings reported by Baumrind (1967) in her study of the preschool child, there are many similarities. Thus, the children in Baumrind's Pattern 1 were rated high on mood, self-reliance, approach, and self-control. These children tended to be more positively adjusted and rated better with regard to achievement behavior, happiness, and energetic involvement in the nursery school program. Based on the psychologist's Q-sort assessment of nursery school behavior, these children were significantly more socialized, independent, self-controlled, affiliative, self-reliant, explorative, self-assertive, realistic, confident, and content.

Furthermore, children in this group were highest on task factors such as "explores environment actively," "likes to learn new skills," and "perseveres when encounters frustration."

Most striking is the finding that the parents of the Pattern 1 children were significantly highest on dimensions of control, maturity demands, they were more loving, demanding, understanding, and firm with reasoning. Of great interest in our statistical analyses is the correlation between three parent factors (A, B, and C) and Child Factor 6 which at 12 months relates to the category of regressive behavior. It should first of all be noted that Child Factor 6 at 12 months correlates .33 ($P < .05$) with Child Factor 1--the child's adaptation or general competence. This finding suggests that some of the children who are adapting well also show some regressive behavior during storytime. Other evidence will be given that 12 months was a period of transition for the children whose parents were in various treatment groups. It would seem then that, at this point, being available, affectionate, and communicating with the child; moving the child to new relationships and cognitive experiences; and providing limits and organization were not only associated with adaptive development but in this context with the appearance of regressive behavior during the task of storytime. It suggests that this regressive behavior was in many instances in the service of a generally good adaptation. Thus, the child might attend to the story well and be aided in his adaptation by sucking his thumb.

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PART IV. FINDINGS: CHANGE AS A FUNCTION OF TREATMENT

Chapter 10: TRENDS IN PARENT VARIABLES AS A FUNCTION OF THE TYPE OF TREATMENT.

A. Defining the Treatment Groups.

In order to study the impact of type of intervention of treatment on both parent-child and child functioning, five different treatment groups were defined.

Data are available for the control group (San Pablo), where no social work intervention was available, and for two generic types of intervention used at the Culver City Children's Center---open-ended and problem-oriented. Future publications will deal with the consultative treatment approach. These primary distinctions within the Culver City sample are based on the assignment to each of three generic approaches in three different years. Other distinctions are based on the review of the material at the 12-month point. Thus, the open-ended approach was further divided into those interventions that were predominantly interpretive and those that were predominantly supportive. Another group was formed by the fact that some of the Culver City families were offered social work services but were unable to utilize them. In the non-utilization group, the social worker made the assessment that the development of these families and their children was such that they could well have benefited from the services. In most instances, the resistance to the service was related to the mother's difficulty in sustaining any kind of relationship with an adult, including that with the social worker. In other instances, the service was resisted to maintain a fairly adequate adaptation which, however, was accompanied by the anxiety that if certain problems were looked at at all, functioning might deteriorate. This services-offered-but-not-utilized group is to be distinguished from families where both parent and social worker agreed that social work services were not needed. Data collection on this latter group is not yet far enough advanced to be included in this data analysis.

From the total pool of Culver City families, each one was, in this way, assigned by the social worker to one of the defined groups: Open-ended---either predominantly interpretive or supportive, problem-oriented, or non-utilization. Independent assignment by one of the observers familiar with the social work material revealed complete consensus.

In order to introduce maximum control, the three intervention groups (open-ended interpretive, open-ended supportive, and problem-oriented) and the two non intervention contrast groups (treatment not available and treatment offered but not utilized) were constituted on a case-for-case matching basis in such a way that they were equivalent at 6 weeks after entry on the Stanford-Binet I.Q. score, sex, and age of entry into Center (I.Q. being the primary criterion in the matching). It happened that as a result of this matching, there also were no significant group differences on various child development indices, to be discussed shortly. There were six families in each of the five treatment groups, making a total of 30 cases. As will be seen, the families in the problem-oriented group have not yet reached the 24-month assessment point.

B. Parent Factor Scores As a Function of Treatment.

Having computed parent factor scores for each family, it was possible to compare the average factor score of each treatment group at each assessment point. Since only two specific parent ratings were available on the San Pablo group, it was not possible to derive factor scores for this group. Parent factor scores are not yet available for the 24-month point because the data are incomplete.

Tables 19 and 20 show that differences in Parent Factor B---moving the child to new relationships and cognitive experiences---are associated with type of treatment. There are no significant differences at 6 weeks, the open-ended interpretive group has a higher score than the non-utilization group at 5 months, and there is not only an overall significant group difference at 12 months but specific comparisons indicate that parents participating in the open-ended interpretive social work treatment were rated higher on this factor than the parents in the non utilization and problem-oriented treatment group.

What is perhaps even more striking is the absence of significant differences. It would seem that single factors may not be able to pick up the complex impact of the type of treatment used in this study. What represents growth for one parent may not represent growth for another.

C. Global Changes in the Parent as a Person as a Function of Treatment.

Two global change ratings, one relating to the parent as a person and one describing the parent-child relationships, allowed the social work rater to reflect an overall impression which weighted each of the parent ratings in a manner particularly suited to that parent and family.

Figure 4 portrays the average Global Person change rating at each of the four assessment points. By definition, 6 weeks is the base line or zero point; five months represents the change seen from 6 weeks to 5 months. Examination of Figure 4 shows striking differences in the changes in the parent as a person. Analysis of variance reveals that there is for all three time intervals---6 weeks to 5 months, 5 months to 12 months, and 12 to 24 months---a significant overall difference in the average global person rating among the five treatment groups as a function of the type of intervention ($P = .001$, $P = .021$, and $P = .014$, respectively). For the 12 to 24 months interval, data on the problem-oriented group are not yet available.

Specific between group comparisons for the 6 weeks to 5 months interval revealed that the average Global Person rating for the open-ended interpretive approach was significantly higher than all other groups (San Pablo, $P = .000$; problem-oriented, $P = .008$; non-utilization, $P = .003$; and open-ended supportive, $P = .035$).

For the next interval, 5 months to 12 months, the Global Person ratings for the San Pablo no treatment group is now significantly lower than all Culver City groups: Open-ended interpretive, $P = .000$; problem-oriented, $P = .056$; non-utilization, $P = .035$; and open-ended supportive, $P = .016$.

For the 12 to 24 months interval, the open-ended interpretive group is significantly higher than the San Pablo no treatment group ($P = 000$) and the non-utilization group ($P = .023$) (see Figure 4).

FIGURES 4 THROUGH 8

Figure 4

AVERAGE PERSON CHANGE SCORE FOR FIVE TREATMENT GROUPS AT FOUR ASSESSMENT POINTS

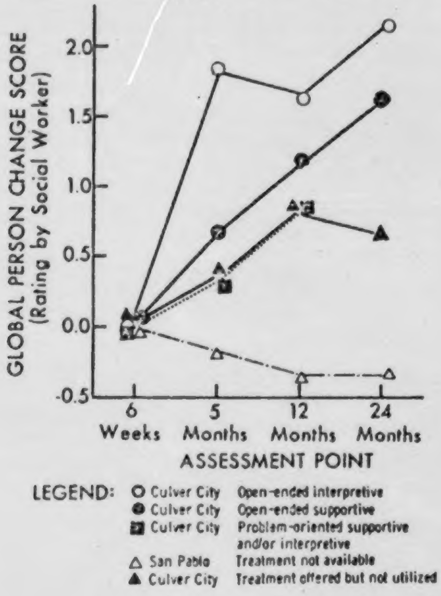


Figure 5

AVERAGE PARENT CHANGE SCORE FOR FIVE TREATMENT GROUPS AT FOUR ASSESSMENT POINTS

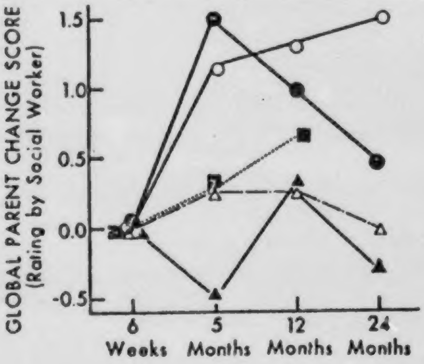


Figure 6

AVERAGE RATING ON PARENT MOVING CHILD TO NEW RELATIONSHIPS AND EXPERIENCES: FOUR TREATMENT GROUPS AT FOUR ASSESSMENT POINTS

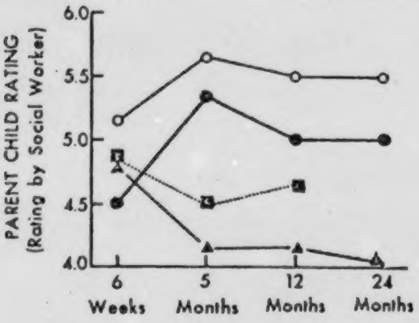


Figure 7

MEAN IQ SCORE FOR FIVE TREATMENT GROUPS AT FIVE ASSESSMENT POINTS

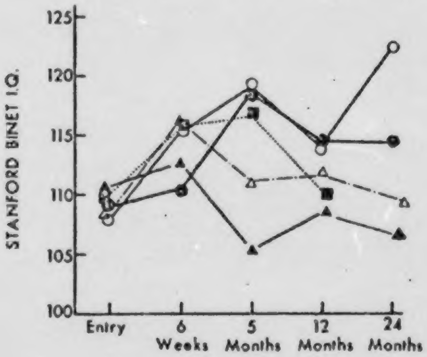
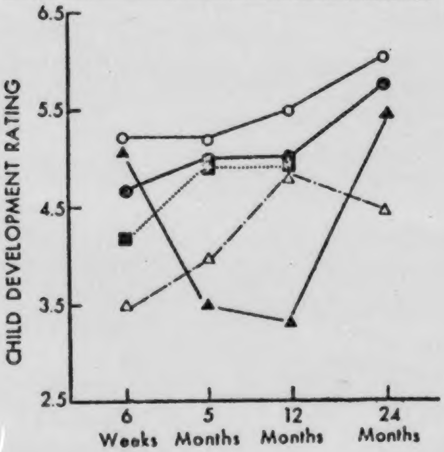


Figure 8

AVERAGE PSYCHOLOGICAL MOVE RATING FOR FIVE TREATMENT GROUPS AT FOUR ASSESSMENT POINTS



D. Global Changes in the Parent-Child Relationship as a Function of Treatment.

Examination of Figure 5 indicates that different interventions also had differential impact on global indices of parent-child functioning. Analysis of variance reveals that there is a nearly significant overall difference among the five treatment groups for the 6 weeks to 5 months interval (P = .076). No overall significant difference in the ratings was found for the 5 to 12 months interval, but a significant difference in the ratings emerged for the 12 to 24 months interval (P = .034).

Specific group comparisons for the 6 weeks to 5 months interval revealed that both open-ended groups show a more positive change in parent-child functioning than the non-utilization group (P = .031 and P = .076), and the open-ended supportive group had a nearly significant higher average rating than the problem-oriented group (P = .065).

Highlighting the finding of few significant differences during the 5 to 12 months interval is the fact that only the parent-child functioning of the open-ended interpretive group is significantly more positive than one other group---the no treatment (San Pablo) control (P = .035). For the 12 to 24 months interval, the ratings for open-ended interpretive group were significantly higher than the San Pablo no treatment group (P = .005) and the non-utilization group (P = .017).

E. Specific Changes in the Parent-Child Relationship as a Function of Treatment.

Given the changes in overall parent-child functioning, it then became of interest to ask how these global changes are related to more specific parent-child changes and whether these specific parent-child qualities (such as affection) change differentially as a function of different treatments.

As might be expected, there is considerable correlation between the Global Parent change ratings and the specific parent-child rating changes. The following specific ratings all correlated significantly and positively with the global ratings for at least two of the first three time periods: Affection, Time Available, Organized Environment, Clarity-Availability, Limit Setting, Clarity of Communication, Active Instruction, Move to New Experience, and Conceptual Exchange.

As a next step, an analysis of variance by treatment group was performed for the absolute values of each specific parent-child rating at the 6-week, 5-month, 12-month, and 24-month points. This analysis repeats for the single parent-child ratings what was previously carried out for the parent-child factor scores. There were, first of all, no significant differences between treatment groups for any of the ratings at 6 weeks. This result corroborates that the treatment groups were matched at 6 weeks. By 5, 12, and 24 months, membership in a given treatment group was associated with significant differences in the parents encouraging the child to move toward new experiences and relationships, and the parent setting standards to have the child achieve in preschool academic areas. For the first dimension---move to new experiences and relationships, parents of the open-ended interpretive and open-ended supportive group had a significantly higher average rating at 5 and 12 months than the parents who could not utilize treatment ($P < .01$ in all comparisons). See Figure 6 for a graphic portrayal of the various trends.

For the dimension involving standards of achievement, the parents in the open-ended treatment group had a higher average score than the parents in the non-utilization group ($P < .05$ in all comparisons for 5, 12, and 24 months). These findings suggest that the parent's ability to provide the conditions which successfully move the child to new experiences, relationships, and also encourage academic achievement are particularly sensitive to the treatment modality used. At 24 months, clarity of communication also was associated with the type of treatment experienced ($P = .024$). Specifically, parents in the open-ended interpretive group had higher scores than both the open-ended supportive group ($P = .028$) and the non-utilization group ($P = .012$).

What needs to be stressed again, however, is the general absence of statistically significant findings. The single parent-child dimensions, just like the single parent-child factor scores, tend not to pick up the profile of changes that are occurring. Rather, the global parent-child change scores are more likely to reflect the impact of various intervention conditions.

F. Drop-out Rate as a Function of Treatment.

Comparison of the drop-out rate for the San Pablo Center population and the Culver City Children's Center population showed a highly significant difference. Only 49 percent of the San Pablo children remained in day care long enough to reach the 12 month point while in Culver City the corresponding percentage was 77. This striking finding has important implications for the quality of day care and also represented a research problem. The potential influence of initial I.Q., age, sex, quality of parent-child relationships, and the impact on drop-out rate of particular preschool directors was examined systematically, and it was found that these variables did not account for the difference. The nature of the staffing, curriculum, ethnic composition, sponsorship of the Center, and the extent of population mobility also were examined for each case and found not to account for the difference either. At the moment, the best hypothesis is that the social work contacts in the Culver City Center hold the families and their children in the Center for a longer period of time.

Chapter 11: TRENDS IN CHILD DEVELOPMENT VARIABLES AS A FUNCTION OF TREATMENT.

A. Child Factor Scores As a Function of Treatment.

Having computed child factor scores for each child, it was possible to compare the average factor score of each treatment group at each assessment point. Child factor scores are not available for the 24 months point because the data on the problem-oriented treatment group are incomplete.

Tables 21 and 22 show that differences in Child Factor 1---the child's adaptation or competence---and differences in Child Factor 2---the productivity of the child in the task situation (i.e., storytime)---at 5 and 12 months are associated with the type of treatment. In each instance, the children whose parents were in one of the open-ended groups had the highest score.

Although there are no overall differences among the treatment groups on Factor 6---seeks affection and regressive behavior, the value of the F ratio at 5 months approaches significance (F = .085), and the children of the parents in the open-ended interpretive treatment group differ significantly from one other treatment group in showing less seeking affection behavior at 6 weeks and less seeking affection and regressive behavior at 5 months. The absence of any difference at 12 months is consistent with the finding that at this point some of the children high on the adaptation factor tended also to be high on the factor relating to regressive behavior.

Because the factor analysis approach may obscure differences related to single child variables, we once more present the results of the analysis of variance for single variables.

B. Change in I.Q. As a Function of Treatment.

Figure 7 shows the average absolute I.Q. scores for each of the treatment groups. It will be recalled that all groups were matched on I.Q. at 6 weeks. As figure 7 indicates, this matching also resulted in almost identical average scores at the point of entry into day care. Analysis of variance was carried out using a repeated measures design involving the trends from 6 weeks to 12 months. Incomplete data on the problem-oriented group prevented extension of the trend analysis to the 24-month assessment point. One-way analysis of variance also was applied to the absolute scores at each assessment point. For the repeated measures analysis, neither trial factor---Treatment Group nor Time---achieved statistical significance, but the interaction between Time and Treatment Group was highly significant (P = .006). The meaning of this result is clarified by specific group comparisons.

As would be expected, because of the matching, there are no group differences at either the entry or 6-week point. At 5 months the children of parents in the open-ended interpretive group had higher I.Q. scores than the children whose parents could not utilize the social work intervention (P = .050). There were no significant overall or specific between group differences for the absolute I.Q. scores at 12 months, but borderline statistic significance was achieved at 24 months as reflected in an F ratio of .07. Specific comparison of the average I.Q. of children of the parents in the open-ended group as opposed to children whose parents could not utilize the social work service does reveal a statistically significant difference at 24 months (P = .029). As at 5 months, the average I.Q. of the children in the open-ended treatment group was again higher.

Even though the results of this analysis are incomplete, they do show significant and sustained changes in the I.Q. of preschool children as a function of the social work services provided and utilized by the parents of the children.

C. Changes in the Child Development Ratings As a Function of Treatment.

The average absolute child development scores for the five treatment groups also were analyzed: The nature of the child's psychological move, his peer relationships, his task orientation, his aggression modulation, and his adaptation. Matching for I.Q. at 6 weeks did not result in equivalence on the child development indices, but it is also true that none of the groups differs significantly from any other on the five indices at 6 weeks. By 5 months, analysis of variance indicates that the overall difference among treatment groups is significant (see Figure 8) for psychological move (P = .026), peer relationships (P = .026), aggression modulation (P = .012), and adaptation (P = .040). The overall difference among treatment groups for task orientation is not significant. The average task orientation rating for both the open-ended interpretive and problem-oriented intervention approaches is higher than the average task orientation rating of the children whose parents could not utilize social work services (P = .024 and P = .055).

Overall significant differences among the treatment groups again are found for three of the child development ratings at 12 months, with task orientation and adaptation being the exception: psychological move (P = .017), peer relationships (P = .002), and aggression modulation (P = .013).

As indicated, the results for the 24-month assessment point are incomplete for the problem-oriented group. For the remaining treatment groups overall significant differences are found for psychological move (P = .007), peer relationships (P = .018), aggression modulation (P = .033) and adaptation (P = .030). The overall difference for task orientation again is not significant. However, when the change scores from 12 to 24 months are compared, the open-ended interpretive group has a consistently more positive trend on all five indices (P = .013, P = .008, P = .004, P = .008, and P = .004 for the respective ratings). Analysis of the change scores for the other time intervals, 6 weeks to 5 months, and 5 months to 12 months, yielded results consistent with those already reported. As for I.Q., there are no statistically significant differences between treatment groups for the 5 to 12 months interval.

Without presenting all of the other treatment group comparisons, the total results suggest that the social work treatment of the parents, especially if open-ended interpretive, has a favorable impact on the personality development of their children. This finding is true by comparison with the children whose parents were not offered social work services, but particularly true by comparison with those parents who were offered treatment but could not utilize it. The same conclusion holds for the open-ended supportive treatment, but the differences are not as frequently significant. Similarly, the average child development ratings for the children of the parents receiving the problem-oriented approach also tend to be higher than the two non-treatment groups. Comparison with the non-utilization group reveals many statistically significant differences. This finding, however, is not the case for comparison with the San Pablo no-treatment group.

Of the various child development ratings, the child's aggression modulation, psychological move, and peer relationships show the most immediate and significant impact of the social work with parent. It would seem that the impact on the rating of the child's task orientation is not seen until the 12 to 24 month interval. Further examination of this issue is possible by analysis of the task orientation categories in the next section. Important to note is that the task orientation rating correlates negatively with the specific categories of disengaging from the task and disrupting the task but is associated positively with I.Q.

The less striking group differences on the various child development ratings at 12 months and particularly for the change scores from 5 to 12 months again should be noted. This result is consistent with the previously presented findings.

D. Changes in the Task Orientation Categorizations As a Function of Treatment.

The average absolute categorizations per minute for each of four treatment groups at four assessment points are given in Tables 23 and 24.

It should be noted that the N's differ slightly because for two children at 6 weeks and 5 months and for five children at 12 months reliable categorizations could not be obtained. Nevertheless, these more specific data help to clarify the previous finding relating to the factor scores of productivity and interest.

First of all, the groups are clearly not matched 6 weeks after entry on certain of the categorizations. Thus, children of parents in the open-ended groups show less disengagement, but also less positive interest than the non-utilization and problem-oriented groups. At this point, the correlation between disengagement and interest is practically zero. The open-ended interpretive group is further characterized by the children seeking little affection while the children in the open-ended supportive group are particularly low on productivity.

By five months, the children of the open-ended interpretive group when compared with the open-ended supportive and the non-utilization group are characterized by interest in and productivity in the task. They are involved, enthusiastic, make good contributions to the story time and give correct answers. Their disengagement is now relatively low and the level of their disruption is average.

Of great interest is the fact that the pattern of the children in the problem-oriented group is very similar to that in the open-ended interpretive group. The major difference is that the problem-oriented children show more seeking of affection at this point (i.e., 5 months).

As previously indicated, the categories of disengagement and disruption are positively correlated with each other and negatively correlated with the task orientation rating at both 5 and 12 months. Moreover, productivity and interest are significantly correlated at each of these assessment points.

Turning to the 12 months assessment and consistent with this productivity-interest correlation is the fact that the children of the parents in the open-ended interpretive group have high average scores for both of these categories. Not consistent with the above-mentioned correlation for our total Culver City study population is the finding that the open-ended interpretive group also had the highest average score on both disengagement and disruption. The average score for disruption was significantly higher than the average score for disruption for the children of parents in the problem-oriented group.

As for other measures, however, there were few statistically significant differences at the 12-month assessment point. The seemingly contradictory nature of the findings may again reflect the fact that the children of the parents in the open-ended interpretive group are in a period of transition. They show both signs of excellent task orientation in their interest and productivity but also show signs of strain in their disengagement and disruption. Comparisons at the 24-month assessment point will determine whether the clearer differentiation of the children in the various treatment groups seen in regard to I.Q. will also occur for the specific task categories.

E. Change in Parent and Change in Child.

The above group comparisons imply a direction of influence from family intervention to parent change to change in child. The introduction of explicit interventions or non-intervention in relation to matched groups favors that interpretation. The hypothesis that parent change influences child change, or more correctly, that a process is facilitated by the intervention that influences both parent and child, would be given further support if the extent of parent and child change is intercorrelated even within a particular intervention mode. Using the children of parents within the open-ended social work family service, various analyses have been carried out that indicate just such a correlation. One such analysis asked whether, if during a given time interval the parent changed in a positive or negative direction on both the Global Person and Global Parent rating, did their children also show either an increase or a decrease in tested I.Q. The results again were statistically significant for the 6 weeks to 5 months interval (P = .005) and the 12 months to the 24 months interval (P = .050) but not for the 5 months to the 12 months interval. That is, in those instances where the parent functioning moved in a positive direction, the I.Q. of their children also tended to move in a positive direction.

CHAPTER 12: FOLLOW-UP ASSESSMENT IN THE PRIMARY GRADES.

Two major types of follow-up assessments were done to provide information regarding two questions: (1) How did the children develop in kindergarten? and (2) How were the children and their parents developing one and two years after they terminated attendance at the Center? Answers to the first question relied on teacher ratings done in December and June of the kindergarten year as well as on the comparison of the WPSSI and WISC I.Q. scores administered respectively at the beginning and end of the kindergarten year.

Since all of the children continued for some time to attend the preschool Center as part of the after-school program, and since the time of their terminating their attendance at the Center varied, additional points of follow-up were defined as one and two years after this termination point. At this time the social worker visited the family, gathered sufficient information to do the parent-child ratings and also arranged for the child to be tested once more on the Stanford-Binet. Permission also was obtained from the parent to have the child's teacher do the ratings previously described for the kindergarten follow-up.

A. Follow-up Assessments in Kindergarten: The Teacher Ratings.

As already indicated, to provide follow-up information on the children in kindergarten, they were rated both in December and in June of the kindergarten year by the public school teachers on a series of dimensions closely related to the child development indices. Eighteen Culver City preschool graduates, all in the two open-ended treatment groups, have been followed in this way and compared with twelve kindergartners in San Pablo. Using the total score derived from all of the ratings in December and June as well as the sum of the difference scores (June minus December), we find from t tests of mean difference that the absolute scores do not differ for these two treatment groups but the sum of the difference scores does ($P < .01$) and suggests that the children in Culver City open ended groups were developing more favorably. We used these particular samples and this comparison because the N's were large enough to match these two groups---Culver City Open-ended vs. San Pablo No Treatment in terms of the length of time that the child was in the Center before entering kindergarten and for the total length of time that the child was in the program, thus including some after school day care experience while in kindergarten. The same results were obtained as for the total samples; the absolute scores were not significantly different at either December or June, but the sum of the difference scores was significantly different for the two treatment groups ($P < .02$).

The behavioral ratings for kindergarten also could be used to compare the impact of different treatment groups: The open-ended interpretive, the open-ended supportive, the treatment-offered-not-utilized group, and the San Pablo no treatment group. The findings are easiest to comprehend by presenting the average teacher ratings for each treatment group at the end of the kindergarten year in June, (see Tables 25 and 26), and in relation to these ratings also noting the significant changes from December to June. The change scores must be included because the treatment groups were not equivalent at the December assessment.

The first thing to note is that the finding comparing the total difference score for the open-ended versus the no-treatment (San Pablo) groups is evident in Table 25 in the line marked Total Score. The children in the open-ended supportive group had a significantly higher difference score than the no-treatment group. (P = .049)

Shifting to the individual ratings, the findings on the child's positive contacts with other children (Ratings II and III) indicate that the children in the two open-ended treatment groups, were rated higher by the teacher than the two non treatment groups.

In terms of the next two peer dimensions, (Ratings IV and V) the most striking finding is that the children in the open-ended supportive group show a more intense involvement with their peers and cooperate with and lead and follow their classmates to a more successful extent.

The ratings related to task orientation and especially so attention, involvement, following instructions, and quality of productions show that both open-ended treatment groups and especially the open-ended supportive group achieve a higher average score and are moving, during the kindergarten year, in a positive direction in this regard. Only for the rating quality of production (VIc) is the difference between the average change score for the open-ended supportive and the no treatment (San Pablo) group statistically significant (P = .048). The children in the open-ended group are again showing a more positive development.

The differences for the treatment groups in the average rating of the child's ability to modulate aggression and the extent of his happy as opposed to anxious affect follow a similar pattern: The children of the parents who were offered but could not utilize treatment show a strikingly less adequate development in modulating their anger and feeling comfortable with themselves.

The rating asking the teacher to judge the child's "behavior," and specifically whether the child does what she asks or is frequently causing her trouble, very likely reflects a particularly meaningful judgment in terms of her daily routine and her feelings about her job. The non-utilization group again tends to be lower, but particularly striking is the decrease in this rating from December to June for the no-treatment (San Pablo) group, particularly when compared with the open-ended interpretive treatment group.

B. Follow-up Assessments in Kindergarten: I.Q.

The Wechsler Preschool Scale of Intelligence was administered to the children before kindergarten and the Wechsler Intelligence Scale for Children was administered after kindergarten. The was initially done mainly to check the reliability of the Stanford Binet testing but it also provided an important follow-up assessment for that year.

While the data analysis is incomplete and the samples small, this partly because the procedure was introduced after some of the initial children had already finished kindergarten, comparison of the I.Q. scores of the open-ended group (supportive and interpretive) with the non-utilization contrast treatment group suggests some fascinating trends. It can be seen in Table 27 that the children of parents experiencing open-ended psychoanalytic social work showed a higher Total I.Q. Score at the beginning of kindergarten than the children in the non-utilization group (110.7 versus 104.0), and that this difference in Total I.Q. Score increased at the assessment after kindergarten: 118.8 versus 107.8. However, only the trends for the Performance I.Q. Scores are statistically significant. Thus, the increase in Performance I.Q. Score within the open-ended group (109.5 versus 122.5) and the difference between the open-ended and the non-utilization Performance I.Q. Score (122.5 versus 110.0) are both statistically significant; the P value for the t test of mean difference for each comparison is greater than .02 and less than .05.

Interpretation of this finding, and particularly why the Performance I.Q. Scores should show these significant differences must await further data collection and analysis. Taken together with the findings reported in the previous section on changes rated by the kindergarten teachers, it does appear that the children whose parents had experienced the open-ended social work treatment when compared with the two control groups show a more progressive development particularly in the modulation of their aggression, in the absence of being a behavior problem, in their peer contacts, in showing positive feelings, in the quality of their self-initiated projects, and in their I.Q. test performance.

The practical consequences of these conclusions can be seen in the fact that none of the children in the open-ended groups was in sufficient difficulty in kindergarten to require special teacher attention or school psychological services; half of the children in the non-utilization group have required such attention.

PART V. SUMMARY

CHAPTER 13: PRELIMINARY SUMMARY AND CONCLUSIONS

A. Follow-up of Intervention at Different Points with Different Indices Gives Varying Results.

One of the important conclusions of this preliminary report is the confirmation that in developmental and intervention research, one cannot draw reliable inferences about one's data until considerable follow-up is completed. Since our follow-up is incomplete, our summary and conclusions must be tentative. What is clear is that both during treatment and in the period after termination of the intervention, very different results were obtained as a function of what outcome index was used and/or the point at which the assessment is made. Thus, the child's ability to modulate aggression and form peer relationships as assessed during treatment and immediately after it, was more responsive to the open-ended treatment of the parents than was the child's task orientation. To evaluate preschool programs of intervention only on the basis of I.Q. and task orientation variables is clearly misleading.

B. Parent-Child Clusters Consistently Correlate with Such Child Indices as Adaptation-Competence and I.Q.

The findings that are clear at this writing relate to associations between clusters of parent-child relationship variables and clusters of child variables. Thus, at both 5 and 12 months after entry into day care the parent being available, affectionate, and communicating clearly with the child was correlated with the child scoring high on a cluster of developmental indices labeled adaptation-competence. The parent moving the child to new relationships and cognitive experiences also correlated at 5 and 12 months with this same adaptation-competence cluster and with the child's Stanford Binet I.Q. Finally, the parent's ability to set limits and provide an organized environment was at 12 months associated with the same adaptation-competence cluster of child development. That at this time point, 12 months, these three parent clusters, affection, moving the child to new experiences, and setting limits, correlated significantly not only with the child's adaptation-competence, but also with indications of regression during the task of storytime poses an interesting question. How can the same areas of parent behavior be related both to the child's adaptation and indications of regression in a task situation? While having established correlational patterns between parent-child and child functioning not unlike those previously reported by Baumrind (1967), certain new phenomena are clearly introduced by the fact of differential intervention.

C. The Impact of the Treatment of the Parents Leads to Both Progress and Regression in the Development of the Parents and Their Children.

The impact of the treatment of the parents resulted in certain consistent trends, but other indices such as their overall parent-child functioning varied considerably at various time points during the period of intervention.

Among the consistent trends it was found that the parents in the two open-ended groups when compared with the two control groups (non-utilization and treatment not offered) showed a more favorable trend both in their functioning as persons and more specifically in regard to that area of behavior which involved moving the child to new relationships and cognitive experiences. It was especially the differences between the open-ended interpretive group and the non-utilization group that was most often statistically significant. These indices then suggest that important differential changes as a function of treatment were fairly consistently occurring at the 5, 12, and 24-months assessment points. As might be expected, and as will be summarized shortly, changes in the mother as a person clearly did not have any simple, straightforward impact on her parenting or on her child.

By contrast with the person changes, the global rating of the parent-child changes fluctuated considerably and in fact paralleled the trends in the child changes more closely. Thus, for the 6 weeks to 5 months interval there was a significant differentiation on this index as a function of treatment with the two open-ended groups showing a higher average rating than the non-utilization group. There were few absolute and statistically significant differences for the 5 to 12 months-point with only the open-ended interpretive group being significantly different from the no treatment (San Pablo) group. By 24 months, the absolute differences were again striking and the parents in the open-ended interpretive group were significantly higher in their global parent-child functioning than both control groups.

Examination of the individual families and children as presented in Chapters 5, 14 and 15 reveals that the impact of the open-ended treatment was initially likely to be favorable to the child, but that certain obstacles to further work, especially in the open-ended interpretive work, typically emerged. These obstacles might be in the form of transference resistances but might also be in the form of regressions, usually temporary, that accompanied the process of looking at the total functioning of the family. Thus, it was possible that the mother might well at 12 months be improving in certain areas of her personal functioning but other areas remained unresolved and, most important, the actual impact on the parenting of the children at such a point of transition would be either contradictory or in the short run even largely negative.

If one is dealing then with temporary regressions and obstacles in the parents and these typically occurred somewhere before and after the 12-month assessment point, then it is at least consistent that in our observation of task orientation we found similar evidence for temporary regression at this time. The same children judged to be adapting well also showed signs of regression, disruption and disengagement during the book time.

Examination of the trends in child development as a function of treatment group again makes it clear that the impact of treatment is by no means uniform and indeed at times seemingly contradictory. On the consistently progressive side it was found that the adaptation-competence score of the children of the parents in the open-ended interpretive treatment group was higher than for the children in the other treatment groups at each assessment point.

Somewhat by contrast and less consistent are the trends for the specific task orientation categories and the children's I.Q. Thus, at the 5-month point the open-ended interpretive group showed a greater interest in and productivity in the storytime task, continued to be favored in this regard at 12 months, but also showed a lot of disengagement and disruption at this point in their development. Further assessment at 24 months is needed to evaluate this.

Similarly both open-ended groups showed the least affection-seeking and regression at 6 weeks and 5 months but this was not true at 12 months where these scores tend to be much the same for all the treatment groups. Generally speaking, there were fewer statistically significant differences at 12 than at 5 months.

Further evidence that a complex pattern of development was taking place at 12 months is suggested by the fact that the independently derived doll play indices did for the most part correlate highly with the adaptation-competence variables. Thus, ratings derived from the drawings and indices reflecting the child's ability to tell stories were associated with the behavior included in the adaptation cluster. At 12 months there were again, however, not only correlations between spontaneously telling a story and adaptive behavior but a rating describing the child's ability to make a creative story out of a previously heard one was now highly correlated with a tendency to regress in the task of storytime. This correlational data then suggests that at 12 months the very children who were adapting well, including being task oriented, showed signs of developmental stress during the particular task of storytime. An initial interpretation might be that such regressive behavior as sucking the thumb or holding a favorite object was indeed adaptive at such a period of developmental change.

Similar conclusions held for the differences in I.Q. as a function of treatment. There were considerable differences at the 5-month assessment point, next to no differences at 12 months mainly because the scores of the treatment groups declined, but the difference very much re-emerged at the 24-month point and definitely favored the children of the two open-ended parent treatment groups. While this result indicates that integration is likely to take place, other findings once more indicate the complexity of the assessment picture.

D. Task Orientation Changes Less During the Period of Treatment Than Does the Preschool Child's Ability to Move Psychologically Toward New Experiences, Modulate Aggression and Form Peer Relationships.

Having documented the inconsistency in the trends for the specific task orientation categories, it is not surprising that the global task orientation child development rating showed no significant differences as a function of treatment except that the change for this rating from the 12 to the 24 months point favored the open-ended interpretive over the no treatment group. This contrasts strikingly with the many significant differences found that indicate that the children of the parents in the open-ended interpretive treatment group had fairly consistently higher ratings on making the psychological move to new relationships and experiences, on their ability to modulate their aggression, and on their ability to form peer relationships. Clearly, the impact of the treatment of the parents has a differential impact on various areas of their child's ongoing development.

E. Follow-up: Further Integration and Progress or Regression.

That the child's process of integrating the impact of parental changes is by no means finished at 24-months is suggested by the initial follow-up data. This is particularly the case for the task orientation and I.Q. variables. Thus, it was found that the children whose parents had experienced the open-ended treatment as opposed to those who could not utilize it showed a significant rise in performance I.Q. from the beginning to the end of kindergarten. Why the increase in performance rather than verbal I.Q. and how the children will fare in further follow-up again remains to be answered.

Consistent with the fewer differences found on the task orientation variables during the period of treatment, the follow-up in kindergarten revealed only one statistically significant group difference on task ratings made by the teachers. The children in the open-ended supportive group as opposed to the no treatment group were rated by their teachers as showing a better quality of production in their self-initiated projects. Taken together with the somewhat uneven development in I.Q., that is an increase in performance as opposed to verbal I.Q., could it be that in the further development of the various treatment groups other differences will emerge in what could be considered a continuing integration of previous changes?

That such a positive integration may well develop for the children in the open-ended groups is certainly suggested by the differences found in the teacher ratings of the child's peer relationships, his or her ability to modulate aggression, the absence of behavior problems, and the presence of a happy mood. In various comparisons, the two open-ended groups tended to be rated higher on these qualities than the two control groups. If these differences continue into the first grade one might well expect that a larger number of significant differences will appear in regard to task orientation as well.

While it is premature to interpret the above findings, possible alternative interpretations as to why so far variables such as peer relationships and aggression modulation show more change as a function of treatment than task orientation variables may help to organize the data of the follow-up.

As already suggested, emphasizing the differences may be premature; further follow-up may indeed reveal more striking treatment group differences for the task orientation as well as other child variables.

Another explanation as to why task orientation changed relatively less could lie in the fact that it is correlated with I.Q. It may thus, like I.Q., be influenced by inherited potentials, which limit the amount of change possible as a function of environmental change.

Still another possible answer could be that the structuring of the personality involved in task orientation occurs early in life and it is at that earliest point that intervention efforts are likely to be most successful. The correlation reported in the research literature between task orientation at six months and certain parent-child variables supports this interpretation (see Chapter 2). That is, if by age six months variations in the child's task orientation are already correlated with parent-child variables, then this time point and even earlier might be a more efficient point of intervention. This hypothesis is based on the assumption that a developing function or behavior is more easily influenced than a structured and stabilized one.

These and other considerations will continue to influence our further data analysis and follow-up. They have also helped to shape a new project focusing on intervention with parents at a time when task orientation is still developing, namely, the first six months of life.

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PRELIMINARY FINAL REPORT

OFFICE OF CHILD DEVELOPMENT GRANT #48

CHANGE IN PARENT AND CHILD:

AIDING AT RISK CHILDREN

THROUGH

PSYCHOANALYTIC SOCIAL WORK WITH THEIR PARENTS

by

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PART VI. CASE ILLUSTRATIONS

CHAPTER 14: ILLUSTRATION OF THE OPEN-ENDED SUPPORTIVE APPROACH[1]

The parents of the children in the Culver City Children's Center experienced widely differing types and degrees of staff involvement in the area of their or their children's problems. This involvement depended mainly upon the nature of the concern, the parent's readiness and ability to use help, and the type of assistance which seemed most feasible in a particular situation. The contacts might have been with the director, a teacher, or a social worker and the degree of interaction ranged from a single discussion to a short series of problem oriented sessions to long-term intensive therapy. In some instances, the most effective plan involved a combination of staff members and in no instance was this more dramatically illustrated than in the work with Mrs. K. In this case the social worker maintained an ongoing therapeutic relationship which served as the primary force but which needed the backing, support, and occasional substitution of other staff members in order to keep the treatment, and possibly the mother, alive. The work with Mrs. K. was illustrative of what we have defined as the open-ended supportive approach previously noted. Thus, the nature of the contacts was such that the mother was able to explore her own difficulties and the related impact on her child in a therapeutic relationship in which she was free to talk of whatever she wished and meet with her therapist-social worker as often and for as long as was necessary. However, given the nature and extent of her pathology, the therapist and staff also provided a supportive atmosphere in which defenses were not as readily interpreted as one might do with someone not so fragile, and a certain degree of psychological "bolstering" was done as needed.

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[1] This chapter was written my Larry Strassmann and Kayla Given

Mrs. K. was a very seriously disturbed woman, subject to intense depressions during which she used drugs and both threatened and, at times, attempted suicide. She and her son Eric, who was 3½ at the time of entry into the Center, had a relationship of almost symbiotic togetherness. During the 2½ years of their involvement in our program this relationship was subjected to severe and frightening stresses and survived because of the strength of their need for each other and the consistent availability and help from the social worker and other staff members. The primary reason for Mrs. K.'s disturbance was related to inconstancy in the parenting she had received as a child which left her with a pervasive mistrust of relationships, tremendous expectations of loss, and an overwhelming sense of her own unworthiness. Despite severe impairment of her object constancy, she was able to permit a relationship with the social worker and to reach out for her help in certain moments of acute distress. Not surprisingly, she also needed to test the endurance of this relationship and at times to reject it altogether. It was on such occasions that the availability of other staff members became so critical, not only in alerting the social worker to dangerous indications such as drugged states and suicide threats but also in substituting for the relationship itself until Mrs. K. could tolerate it once more. The director, Eric's teachers, the secretary, all had occasion to play very significant roles in this treatment.

The following detailed description will provide a view of the open-ended supportive approach illustrating the technique and process of this work through the example of Mrs. K. and her son Eric. A chronological format, using the cross-sectional time periods of the research model (six weeks, five months, twelve months, and twenty-four months) will be used to facilitate a correlation with the child development data.

Prior to beginning with the actual contacts at the Center, it is important to delineate the circumstances under which Mrs. K. and her son came to enroll in the program. Mrs. K., 20 years old, was referred to the Children's Center by a Protective Service worker of the Department of Public Social Service in order to avoid full time placement of Eric, age 3½. Mrs. K. had been on welfare since Eric's birth, had been placed in a job training program from which she was expelled because of excessive use of drugs (usually barbituates), and had recently been reported by a friend to be using drugs again. Because of Mrs. K.'s fear of having her son taken away from her completely, she was extremely cooperative in the arrangements for day care; however, throughout her contact with us she remained suspicious and fearful, in varying degrees of intensity, that we would judge her an unfit mother and recommend Eric's removal from her. Her disturbed, problem-filled situation at the time we first met her seemed a continuation of a lifelong history of difficulties which had created severe, long-standing, emotional pathology. When she was five months old, Mrs. K.'s mother died of a brain tumor, leaving her and a brother two years older. Maternal grandparents were forced to assume the major responsibility for raising these children, and they resented this task not only because they felt they had done enough in raising their own children but also because of a deep dislike for the father who maintained an unpredictable and minimal contact. For reasons not made clear to Mrs. K. but which she assumed involved behavior problems, her brother was placed in a children's institution for several years beginning at about age 11. When Mrs. K. was 12, her father took her to live with him and a new wife. (He had been married several times previously and usually arranged for the children to at least meet their stepmother.) He attempted to seduce her and when she told her grandmother the latter than placed her in the children's institution while at the same time taking the brother home. This confirmed Mrs. K.'s lifelong feeling that the brother was the preferred child and that she herself was the unworthy bad person. The grandparents, although openly resentful of the burden of her care and excessively and often brutally critical of her, remained constant figures in her life to whom she did turn for help at critical periods although usually, but not always, receiving more disapproval than help.

Eric's father, who was also in residence at the children's institution where Mrs. K. had been placed, was 18 and Mrs. K. 15 when Eric was conceived. He was in the army overseas by the time she was certain about the pregnancy and while in letters he initially acknowledged his paternity and spoke of a future together when he returned home, he abruptly changed to questioning the paternity. Early in the pregnancy, Mrs. K. attempted to self-abort, then determined to release the baby for adoption. However, she decided to keep him after she saw him and was fiercely devoted to him after that. The father never contacted her on his return to the States, established permanent residence in the East, never sought to see the child or help with his support and through the years ignored Mrs. K.'s periodic letters and phone calls. Her grandparents reacted to Eric's birth with agitated disapproval and rage towards her for her "sin," helped her with his care when she was desperately in need of it but made her pay dearly by subjecting her to their uncontrolled emotional hostility.

Beginning about a year before we knew her, Mrs. K. had been living with Tony, a man in his mid-forties, who met her need for a sustained close connection with a parental person but who also confirmed her mistrust of relationships and a fear of loss by his continued loyalty to his ex-wife and children. Her life, both before and with Tony, included considerable contact with people involved with drugs, both users and sellers, although the actual extent of her own involvement was not known to us. Except for one brief moment, later denied, when she acknowledged current usage she always insisted that her involvement was strictly a thing of the past and that the stuporous states we were sometimes aware of were not drug-induced but rather a result of headache medication, sleepiness, or our imagination.

Given the intensity of the pathology in this mother, it was recognized from the outset that treatment would not be sufficient to "cure" all her emotional ills and that, in a sense, with disturbances of this nature one never completely terminates the therapeutic relationship. However, it was felt that sufficient progress could be made with this mother to significantly improve the quality of her life and that of her son. However, it was impossible for us to know that politically determined funding changes would require the Center to terminate Eric at the conclusion of kindergarten and the consequent implications of this untimely separation would contribute substantially to the nature of the outcome of this case.

I. THE SOCIAL WORK WITH MRS. K: ENTRY TO SIX WEEKS

During the first six weeks, which included the intake and entry process, Mrs. K. and the social worker were involved in eight therapy sessions plus several brief, unscheduled conversations as Mrs. K. was bringing Eric to or from the Center. Although clearly suspicious and on guard, she nevertheless managed to reveal many elements of her inner disturbance and her highly pathological way of life. A number of times she telephoned or arrived in an obviously drugged state and on several of these occasions had such difficulty even maintaining her balance that we persuaded her not to continue driving but to allow us to call her boyfriend or a neighbor instead. These spontaneous interventions were undertaken by whomever was appropriate and available--the director, a teacher, a secretary, or the social worker-therapist--and contributed to a picture of total staff concern and interest. In the eight therapy sessions, she shared considerable background material which included specific traumatic events of her early years and provided some understanding of the emotional distress and disturbance they produced. She revealed that during the preceding eighteen months she had been admitted four times to the psychiatric unit of a nearby hospital, described states of acute anxiety and depression, referred ambivalently to the psychiatrist who had known her there for several years, and stated her present wish to contact him only if she could convince him of his error in assuming she was still on drugs. Additionally she spoke of current violent fights with her grandparents and with Tony, of excruciating migraine headaches and, in the seventh session, of having had an abortion the week before.

Recognizing from the early material the extent of her damaged self-image, her view of herself as worthless and destined to be abandoned by everyone, and her alliance with Eric in their joined battle against the world, the social worker focused initial efforts on establishing as solid an interest and availability as possible. The therapist's interventions were predominantly supportive and it was often necessary to reach out very actively in order to combat her conviction that no one could remain interested for long. Close attention to Eric's initial adjustment to the Center as well as to their relationship was encouraged so that she would experience the social worker as identified with her concern for her child and their life together. Those clarifications and interpretations which were attempted were mainly in the area of her need to push people out of her life before they abandoned her. It was this need which was largely responsible for the explosiveness in her relationship with her boyfriend, Tony, and which was becoming apparent in the relationship with the social worker. This theme needed steady repetition throughout the work but it introduction in the beginning did alleviate some of the early mistrust of the social worker and the Center, which then enabled Eric to make a somewhat comfortable initial adjustment. The social worker sought to establish herself in the early weeks as a person who would be non-critical and non-controlling, who would listen and help without putting Mrs. K. under enormous expectation or obligation.

II. ERIC'S DEVELOPMENT: ENTRY TO SIX WEEKS

It is striking that during this first six week interval there were no indications of the kinds of substantial difficulties in Eric one might have anticipated from the disconcerting background and history of emotional problems of the mother. In the entry testing, he was seen as a willing and seemingly comfortable participant who demonstrated a good attention span, generally seemed to enjoy the various tasks and was particularly delighted with his successes. He was well motivated and only refused a few times at the most difficult levels near the end of the session. The results indicated that he was performing at the lower level of the high-average range of intellectual functioning, having attained an M.A. of 4-4, and an I.Q. of 111.

Observations of Eric during the first six weeks found him to have made a seemingly adequate adjustment and basically good transition into the Center following a bit of "clinging" to mother and hesitancy to separate from her during the first few days. Much of the time he seemed content and to be enjoying himself, although he tended especially in the beginning to remain "on the outside looking in" with other children. Gradually, a bit more play and a good involvement with the others was evident. In terms of developing relationships, it was also striking to see how he wished for and attempted to elicit adult attention by a demonstration of his skills or a seductive use of his "cuteness." Generally, however, he seemed to be slowly "moving into the situation" but tended not to become involved with group tasks. Nevertheless, with encouragement he sometimes did try to do things and in fact did rather well at them.

Dynamically, it appeared that Eric frequently functioned in terms of the dual aspects of wishing to be taken care of and listened to like a little omnipotent child (such as when he would act like a cute little irresistable puppy) and that part of him that wanted to be big, strong, and independent. In part at least it might also be noted that one of the elements contributing to such predispositions could have included the fact that while rather cute, strong, and well built for his age, Eric was actually quite small relative to the norm.

At the conclusion of the 6-week period, it was felt that while Eric was clearly a boy with potential, his tendency to stay on the periphery and being only infrequently involved in a productive way with tasks was somewhat disconcerting. Further reason for concern was also prompted by his showing on the 6-week Binet, as he was more silly, playful, mischievous and, and especially during the latter portions of the testing, less attentive and more impatient than at entry. Confirmation of this less optimal behavior was then seen in the scores per se as he fell to an M.A. of 4-0 and an I.Q. of 100, which included an impairment in his responding meaningfully to items originally passed during the entry testing.

Particularly since there is normally a trend towards a higher I.Q. at six weeks, it seemed likely that Eric's I.Q. decline symbolized and reflected the progressive impact of tensions at home.

III. THE SOCIAL WORK WITH MRS. K: SIX WEEKS TO FIVE MONTHS

This was an extremely difficult period for Mrs. K. in which there were tremendous ups and downs which involved both depression and probable thought disorder, incidents of drug abuse, several hospitalizations and at least one suicide attempt. Therapy sessions were scheduled for once a week with more time readily available should she want it but, not surprisingly, she was unable to maintain contact with the social worker on such a regular basis. Instead, she acted out the conflict between her fear of losing the social worker and her need for her by sometimes forgetting or cancelling scheduled appointments and at other times urgently requesting telephone or drop-in sessions. Of most importance, however, was the fact that Mrs. K. did reach out for her at times of acute distress, especially when her depression became agitated and moved her towards suicidal gestures. Mrs. K. was often heavily drugged at such times so that it was exceedingly difficult to work with her. However, she did seem to hear her therapist's concern and understanding of the pain she was feeling, the appeal to her love for Eric and his need for her, respect and support for her strengths, the conviction that she could be helped, and the social worker's determination to be the helping person. While on the surface it seemed that much of Mrs. K.'s distress stemmed from difficulties with her boyfriend, it was clear from that relationship as well as the way in which she related to and made use of her therapist that the much deeper problem involved her unmet longing for a caring, mothering figure. Her object loss experiences--mother, father, Eric's father--reinforced by the constant open disapproval of the grandparents had convinced her that no one could possibly continue to love such a fat, drug-taking, depressed, difficult and prostitute-like person. This deep conviction about herself in all relationships made it impossible for her to commit herself to a relationship, impossible to trust Tony's fidelity, the social worker's continuing interest and availability. Therefore it was important that the therapeutic intervention be expanded to include as much interpretation of these dynamics as she could tolerate. Although she continued to require a great deal of support from her therapist, and at times of severe depression and drug involvement could make no use of interpretive statements which linked feelings and patterns to the transference and the past, there were beginning indications that some receptivity and insight were occurring. Interpretations were mainly focused in the area of her loving and then losing and her certainty that her worthlessness was and always would be responsible for such losses. Her automatic, panicked reactions were pointed out as they became evident; for example, if Tony did something she did not like, it meant he did not love her; when Tony visited his children it meant he was abandoning her; sharing meant losing; losing someone briefly meant losing forever because past major losses were forever. The social worker also pointed out the behavior she resorted to as a protection from the inevitable loss and pain, such as the suicide attempts in which she hurt herself before someone could hurt her, and the rejection and pushing away of important loved people (Tony, her therapist) before they could reject and push her away. Her anxiety that Eric might be taken from her or that some harm might befall him were linked to her rejection of the pregnancy and the fear that her attempts to abort him might harm him now. Some of these interpretations may have contributed to an interest Mrs. K. began to express in finding a job, a step she was unable to actually implement for many more months but could at least now begin to contemplate.

IV. ERIC'S DEVELOPMENT: SIX WEEKS TO FIVE MONTHS

The severe emotional problems mother was experiencing during this period were beginning to be reflected in overt difficulties with Eric at the Center, although it was initially rather amazing how well he held up despite the severity of the pathology at home. Thus, during the early days of this period (days 31 through 40), when mother had an abortion and "pseudo" suicide attempts, Eric seemed reasonably at ease and happy at the Center. The combination of a tentative, peripheral observing of others was giving way to a bit more play with the other children and wanting to be involved. At times, it seemed that he imitated others and did not really assert himself and, though he did play actively on occasion, one still saw the underlying passivity and neediness in terms of his needing to sit on the teacher's lap for long periods of time and his passively calling for other children to push him on rides.

Given the level of stress in the mother, one began to wonder how much of Eric's remaining an "attractive" child was a function of his needing to maintain this level of relating in order to feel secure that he would be taken care of and that no one would hurt him. Notably, this level of adjustment, which we suspect may well have had the aforementioned defensive quality to it, occurred despite an ongoing level of stress in the mother during these days which was sufficient to result in at least a "pseudo" suicide attempt.

From here (days 41-46) Eric moved into a new phase which one might hypothesize related to his now beginning to feel comfortable and secure enough, in the context of the Center, to begin displaying some of the upset that one would have anticipated being there all along. Thus, we began to see things such as his becoming somewhat more provocatively negativistic in terms of such behaviors as throwing things around, marking up another child's arm, tending to hang around and imitate two of the more aggressive children in the Center, and trying to show off being the strongest boy in the class (the latter presumably defensively motivated in terms of his small physical size). Again, though, the defensive nature of much of this behavior seemed indicated by the fact that one still saw instances of his crying and passivity when hit by the other children.

Mother's emotional state during this period was a rather variable one in which she was rather depressed and in much physical pain at times, but also beginning to form a more serious connection with the social worker, as evidenced by her statement on one occasion, "You mean more to me than my very own psychiatrist."

An absence of several weeks occurred between the prior segment and the next phase (days 53-64) which Eric moved into and this proved significant in that upon his return he was initially reluctant to let his teacher out of his sight and even verbalized things like, "Where are you going, teacher, don't leave me." There was seen now at times a certain "flat," uninvolved quality but more notable was a tendency towards greater involvement with the other children and more of an "independent little tough guy" attitude than the "little waif" he so often seemed before. There were days of obvious sadness and crying when separating from mother in the morning and concerns regarding separation were further evidenced by his occasional need to seek out an adult's lap for an extended period of time and to immediately listen and tell with pride how he had cleaned up. Thus, there was still a certain indefiniteness to Eric but traces of the self-assertiveness promised in earlier observations were beginning to become progressively more evident.

A dramatically clear shift now occurred in Eric (days 66-90) in that he was now more explicitly vulnerable, distressed and negativistic. He would be consciously defiant at times, break things, cry and yell at the teacher if she reprimanded him and even with the other children was frequently refusing to join them or was in fact provoking them and in general behaving as if he felt himself to be an outsider to the group. The general tone of what was going on appeared to include significant components of his feeling lost and concerns regarding being physically inadequate as indicated for example by his literal panic over having lost his towel on one occasion and extreme anxiety regarding the other children seeing him naked. There was little project involvement or productivity to speak of, although the few occasional glimmerings of such functioning did verify the good potential which one had initially suspected. However, perhaps more encouraging was the fact that Eric could now permit himself to overtly display his inner distress and to cope more actively with his feelings and concerns, albeit somewhat negatively. This trend then developed into more aggressiveness with children and adults alike, as he would hit the former and defy the latter, though often crying when hit back by the children or reprimanded by the teachers. It was apparent that,among other things, he was now enjoying the new sense of power and competence displayed in his aggression at times and which one may reasonably assume was a defensive denial of his anxiety around rejection and the fear of being hurt. Confirmation of this level of his anxieties came in various ways, such as the fact that he was now extremely afraid to go swimming, whereas last year he had known how to swim and in fact enjoyed the water, verifying that Eric was regressing at this time.

It is difficult to know what the connection was between those behaviors observed in the Center and the home situation at this time because mother was now apparently struggling with her own relationship to the social worker, missing a number of appointments and occasionally appearing to be groggy and drugged. Thus, at the very least, one may assume that there was an increased level of tension and concern in mother which was quite likely transmitted in direct and more indirect form to Eric.

It was then striking that Eric seemed to do an about-face as he now seemed to "find himself" (days 93-100). One saw no more evidence of negative interactions with adults or peers and, on the contrary, appropriate relationships and enjoyment of them seemed more the rule. Significantly, one even saw pleasure, involvement and pride in carrying out various projects and he seemed in fact also more assertive and open. This is not to say that one did not also occasionally witness passivity and sadness, but on the whole there was no question that as of the close of this 5-months segment one felt the negative elements to be diminishing and the positive ones becoming more predominant. Again, it did not seem coincidental that mother was now making a better connection with the social worker once more, having apparently worked through some of her ambivalence, and was evidencing such positive developments as achieving a productive awareness of the connection between her pathology and the impact on her son, as well as productive movement in the form of considering getting herself a job.

One found confirmation of the trends observed via the observations in Eric's psychological evaluation and diagnostic clinical doll play session at the 5-month period. Thus, with respect to the intelligence testing, in contrast to the behavioral uncooperativeness demonstrated at the 6-week point, he now displayed good frustration tolerance and well focused efforts, even on items at higher levels which were difficult for him. He did not give up easily or retreat from the testing situation as he had done the previous time and while he made a modest improvement, having attained an M.A. of 4-4 and an I.Q. of 103, clearly he had not recaptured the above-average level of functioning seen at entry but had at least improved relative to the deterioration witnessed at six weeks. Relevant highlights of the clinical doll play included confirmation of the concerns about his small size and the wish to be strong and powerful as well as underlying aggressive feelings regarding a sense of having been deprived. For example, with respect to the former, he spoke of someday being someone who would ride very fast horses and one very much had a sense of the little jockey who would have the power of the thoroughbreds under his control. With respect to his aggressive feelings, related to his experienced deprivation, Eric expressed the desire to have a knife so he could cut everyone up, this fantasied revelation coming after the clinician would not let him have one of the toys to keep for his own. It was impressive to see that he was able to stay with an activity such as playdoh for quite some time during the clinical session, but there was a definite hampering of sponteous and creative fantasy-play. This, in conjunction with the other information we had on Eric, led to the hypothesis that one of the ways he had been able to develop as well as he had, given the difficult conditions of the mother's own pathology, was to block out certain kinds of experiences and respond only in terms of those things with which he was comfortable. To a certain extent this had in fact been effective, but we believe it was also responsible for the general lack of spontaneous involvement that often characterized him and the inability to really tap the cognitive and emotional potential which one saw signs of in various circumstances. Thus, one had the sense that there was the impulse for more productive movement on his part and that he was tentatively reaching out and exploring but was usually drawn back to a less active and less threatening state. In general then, at this point in time it appeared that the ups and downs of the mother's adjustment were often reflected in Eric's functioning and interpersonal relationships and that mother's own ambivalence in relating to people seemed clearly reflected in Eric's tendency to remain on the periphery. However, it was encouraging to see him become progressively more comfortable in displaying his aggressive impulses and relating more actively and appropriately to others. Especially disconcerting, though, was the continued failure to make more optimal use of his potential in the task involvement and productivity sense. Nevertheless, the thrust of his overall development appeared to be in a positive direction.

V. THE SOCIAL WORK WITH MRS. K: FIVE MONTHS TO TWELVE MONTHS

This seven-month period showed a continuation of the fluctuations in Mrs. K.'s emotional state. There were many days of visible depression (including a possible suicide attempt) and drugged stupor, which at times were seemingly related to her feeling that Tony was losing interest in her, while on other occasions it was almost impossible to trace the causal elements. On a few occasions she looked and sounded alert, optimistic and determined to better herself and her situation, but these moments were shortlived, as there was the ever present expression, verbalized and acted out, of her feeling that she was unloved and of little value. At one very despairing time, she admitted herself to the psychiatric unit of the hospital for a few days and a bit later sought the help of a hypnotist. Once again she found herself pregnant, suffered deeply as she struggled with her desire to keep the baby, and then underwent a horrifying abortion experience in which she had to deliver a 4½ month old fetus and then actually saw and held it. Throughout this stressful period, she maintained a fairly steady contact with the social worker, appearing for many of the weekly sessions as scheduled and reaching out for help during moments of crisis. On several occasions, she used the sessions to express concern about Eric's developing aggression and his preoccupation with death and God. Although the underlying issues of not being able to trust anyone were evident in various ways, she did perceive and use the social worker as a significant source of stability, indicating some development of a positive, trusting relationship.

The therapeutic intervention continued as before, predominantly supportive when that approach was essential and interpretive when such an approach was feasible. The main thurst of the interpretations centered around her negative self-image and her inability to trust that anyone could really care, with considerable use being made of the many examples that continued to occur with Tony and the social worker in this regard. Transference interpretations underlined her view of the social worker as the critical grandmother, ready to disapprove of her as a bad person and bad mother who should be reported to the authorities and deprived of her child. Work also continued in the area of her tremendous expectation of loss, which was so rooted in the past, combined with her holding on to the memory of Eric's father as the idealized lover because he so represented one of the few warm experiences in her life.

Although the fluctuations in her emotional state continued to be marked and unpredictable, there were a few indications near the end of this period that she was beginning to internalize some of the trust in and sense of support from the social worker which would then provide the basis for her future progressive ego development. She began dieting in order to look better, and described a change in the relationship with Tony whereby she could recognize some of his weaknesses without a sense of panic and could see herself less dependent on the relationship for her survival. Also verbalized was her feeling that she was no longer as likely to resort to suicide attempts and she spoke of a new sense of strength and confidence around the right to decide what she wanted to do for herself, thereby bringing about a release from a lifetime of trying to achieve the impossible goal of winning her grandmother's approval.

VI. ERIC'S DEVELOPMENT: FIVE MONTHS TO TWELVE MONTHS

The early days of this new time span (days 101-106) seemed at first like an extension of the previously somewhat better looking period, although with a bit of sadness, possibly in anticipation of the imminent departure from the Center of Eric's teacher. Following the loss of this significant figure in his life, Eric seemed to have had a long and difficult period of dealing with his concern around losing one teacher and forming a new connection with her replacement (days 107-135). He was often visibly angry and unhappy, lashing out at peers and adults in an obvious displaced anger and also clinging and seeking adult attention in a way that indicated his strong need for care and affection as well as his fear of being deserted. It was explicitly clear that much of his anger related to the feeling that he was not being sufficiently nurtured and cared for in a reasonable and secure fashion, even verbalizing on one occasion that he was not going to take a nap because of a concern as to whether his mother would return for him. Furthermore, as he would occasionally torment other children and be provocatively negative with the teachers, he made clear the extreme extent to which he was in fact seeking attention (and probably acting like the "bad child" he perceived himself to be) by announcing his misdeeds to the teacher should it happen that they were not observed in the first place. When not feeling quite so distressed, he could be seen spending much time in the laps of his teachers and even participating nicely in some group projects at times, but the negative and provocative features were more typical at this point. He desperately longed for and needed the positive attention of these teachers and seemingly experienced their attending to others at times as a rejection of him which led to anger and frequent attacks on his part as well as the kind of negative behavior which one might speculate was an unconscious attempt to alienate the caring he needed so much because unconsciously he may have felt that he did not really deserve it in the first place.

Gradually, the intensity of Eric's upset diminished somewhat (days 138-172), although the basic theme and difficulties remained very much the same for a long period of time. There was a bit more reasonable peer involvement on his part but there were also numerous instances of wandering around and aggressing, and relatively few instances of good task involvement, with ready dissolution into tears at moments when things did not go as he wanted them to. The essence of much of his difficulties seemed well revealed when he verbalized to his teacher the wish to be her baby and not his mother's and the statement that he hated himself. One might note that these were the days during which mother discovered that she was pregnant, debated whether to have the baby and eventually aborted, and one is tempted to assume that at least some of the difficulties observed in Eric were a reaction to this ongoing tension as well as perhaps himself having mixed emotions about whether or not he wanted a sibling. Thus, it seemed conceivable that if mother was going to have a baby then perhaps things were a bit more secure with his "father" (i.e., the man who lived with them); but on the other hand, there would naturally be the underlying concerns regarding competition and the possible message that he, Eric, was not sufficiently satisfactory.

There was then a brief period of several weeks (days 174-182) in which Eric appeared to deteriorate somewhat as he looked more tenuously needy and easily provocative (although not as intense as before) and one saw confusing talk regarding baby dogs and mother dogs having teats with milk that made it seem likely his concern was being stimulated by his mother's abortion and related issues. However, following this relatively brief segment, the situation began to look somewhat more promising (days 187-205). Aggression was both less frequent and severe and Eric was much better able to reach out and play nicely with the other children. He clearly still needed, and enjoyed, as well as occasionally demanded the attention and affection of his teachers. However, such instances seemed now more the exception rather than the rule. It appeared that he was perhaps beginning to feel more secure and themes, noted repeatedly, of his building enclosures for animals led one to speculate that he was interested in trying to curb his impulses while beginning to feel protected. It was particularly notable that at this point things were still not going very well in mother's life and the fact that Eric was able, for the most part, to continue moving in a positive direction prompted speculation that he was beginning to feel sufficiently secure at the Center to help him weather the difficulties that he was experiencing in other areas at this time.

Observations of his behavior in the preschool suggested that he was still subject to these somewhat disturbing influences from his home life. Thus, in the subsequent period of about a month (days 206-227) displacement of his unresolved problems was seen in his needing more than his share of the teachers' attentions. The underlying reason behind this seeking of attention was amply demonstrated by his eventual verbalization of his wish to be his teacher's baby and to go home with her rather than his mother. It appeared quite reasonable to surmise that, at least in part, there was the wish to be cared for in a positively affectionate sense without the anxiety-arousing and disturbing elements that he had to experience with his mother. Thus, he could long for a more comfortable environment where he could live without tensions such as witnessing his grandparents call his mother an unfit whore, as well as what must have been the dawning reality in Eric of the extent to which his mother was in fact unfit to care for him at times.

As time went on in this period (days 228-258), the positive elements continued to come to the fore while the more negative ones in turn receded. Eric was playing more often and in more productive ways with his peers and continued evidence of progressively greater ego control was seen, including such elements as his now being able to ask children whether or not they liked him, or if he could knock down their productions, and was able to respond reasonably to them even if they were not particularly responsive to him. One still saw instances of distress and negative behavior with others, but this was clearly now in the minority. Fantasy material pertaining to anger and the wish to be powerful was still revealed at times, but he seemed better able to talk to a teacher aide one day about hating people and wishing that he were or had a bad, attacking, powerful horse that could kill everyone.

Also, quite encouraging was the increase in task involvement, so that on a number of levels things seemed to be moving along although by no means yet at the level that one would eventually hope for.

With respect to Eric's strengths and concerns, it was notable that he could now begin to deal with both facets via various forms of task involvement, as for example the investment in building tremendous castles and large fortresses in which one clearly saw not only the wish to be large and protected but also the underly hope that he could, in fact, eventually make something of himself.

It was particularly interesting that during this period mother's involvement with the social worker was in fact decreasing and she seemed to be distancing herself from relationships in terms of attempting to decrease her dependency on others and thereby her concerns about being abandoned and at the mercy of their whims. Whether this tendency reflected a form of improvement on mother's part or merely temporarily decreased the ongoing level of tension due to lesser emotional involvement was unclear; both, however seemed reasonable hypotheses.

Examination of the testing results at the end of this 12-month period showed that Eric was again a willing and cooperative participant in the examination procedure who followed directions easily and seemed motivated to perform well. He was attentive and there were no difficulties in terms of resistance or the kinds of frustration and disruptive silliness noted in the 6-week examination. The intelligence test results revealed an attained M.A. of 5-1 and a Binet equivalent I.Q. of 107. At the very least, Eric was clearly holding his own relative to earlier levels of assessed functioning and one might at this point even speculate on the fact that a modest, positively improving trend was taking place.

The clinical doll play material was again quite consistent with what we were observing in other spheres and, in addition, clarified and elaborated certain elements. One still saw a certain degree of concern regarding separation from mother as well as the ongoing wish to be big and powerful. There was also confirmation of the substantial concerns around mother in terms of his having drawn a picture of a female which he labeled "A Lady King-Kong." This production had a rather grotesque and frightening quality to it which prompted the speculation that, particularly when mother was at the height of her emotional illness, Eric may have viewed her as some overwhelmingly monster-like figure. There was an interesting combination in Eric of a certain basic level of ongoing reasonable comfort, coupled with a certain sense of underlying tension. What remained particularly disconcerting was his failure to make a sustained involvement with something and the ongoing indications that this was a little boy with much more potential than he was in fact utilizing.

In general, one got the sense that Eric had in fact made an adjustment but was paying a considerable price for it in terms of not really having access to his capacities as one would hope for. He continued to look like a boy with potential that had yet to be developed and this was nowhere better highlighted than in the observation, at least in this particular setting at this particular time (i.e., the doll play) that he could not yet spell hiw own name.

VII. THE SOCIAL WORK WITH MRS. K: TWELVE MONTHS TO TWENTY-FOUR MONTHS

During the early and middle phases of this period, Mrs. K. showed a marked improvement. It seemed that the consistent, supportive availability through various crises in the previous period had allowed her to feel a new level of trust in the caretaking world which then gave her the confidence to secure and hold a job. She was able to stay off drugs which greatly improved her appearance and functioning and enhanced a new self-image. She met with the social worker fairly frequently, although not on a regular basis, and began to achieve some awareness of her tendency to project onto others her feelings about her own inadequacy. Mrs. K. discussed problems she had experienced with fellow employees as well as the lack of fulfillment on a job which was realistically below her capacity. The latter was valuable though in the sense that it helped her become accustomed to steady employment. With the development of a more positive self-image, she was able to be less defensive and remote with other people than had been the case previously. She also began to move toward a more realistic appraisal of her relationship with her boyfriend, Tony, of his inability to provide her with the kind of emotional and material support she needed, and her unwillingness to settle for so much less. Although she was unable to break off the relationship completely, she did achieve a certain usable distancing. When once again she found herself pregnant, she was able to decide on an abortion much more quickly, although no less painfully, because of her awareness that Tony would not be able to give her the security she would want and need.

In the latter half of this time period, Mrs. K. began to resist contacts with the social worker on the pretext that she was too busy. It seemed, however, likely that her avoidance of this relationship reflected disappointment and resentment that the social worker was not more concretely helpful with some of her very real pressures, such as extreme financial problems, threatened eviction by her landlord, and the refusal of the welfare department to help with these or related monetary issues. As a result of her resistance to scheduled meetings, there were only two actual sesssions in six months; however, the social worker saw her frequently in brief, casual contacts by making a point of being on hand as she brought or picked up Eric at the Center. Observations by the social worker and various staff members indicated that, at least in terms of surface appearance, Mrs. K. was doing well in a physical as well as psychological sense. While she may have been feeling an underlying resentment toward the social worker, her stance seemed to be one of wanting to handle things independently, while taking pride in the fact that she was able to cope and make it on her own.

Regretably, much of this good functioning broke down around the end of this period when Mrs. K. lost the job that she had held for ten months. The termination appeared to be a result of company economy and was not provoked by Mrs. K., but it obviously increased her sense of inadequacy, isolation, and lack of support. There were indications that she had again returned to drugs and while needing to deny this she was able to admit to feeling so nervous that she feared having another breakdown. Her previously developing determination to separate from Tony was now undermined by a renewed need to be cared for in a concrete sense, even as she felt she could not count on anyone to meet this longing because of her basic belief that she was too inadequate a human being to deserve it. However, as disturbing as this regression in functioning appeared to be, it was recognized that the decline was not as severe as the breakdowns she used to have previously, and it was also encouraging to note that at this time of stress she permitted herself to return to her relationship with the social worker.

VIII. ERIC'S DEVELOPMENT: TWELVE MONTHS TO TWENTY-FOUR MONTHS

The first phase here (days 259-268) was seemingly an extension of the last segment described in the 12-month section in that one basically had an encouraging picture of more promising functioning interspersed with indications of certain difficulties and concerns. In terms of task performance, one saw that Eric was able to become quite invested in various types of projects including both self-initiated experiences as well as extremely good involvement and pride in teacher-organized activities. With respect to peer relationships, one saw various facets of his nature in this regard as at times he was nicely involved with others, able to incorporate them into his play and not becoming unduly upset when something went wrong, such as when another child ruined an elaborate castle that he had built. On the other hand, seemingly minor difficulties such as another child taking a book that he was not using could prompt Eric to sufficient upset to begin crying. The parent material here appeared consistent with the positive aspects seen in

Eric in that mother was described as looking both physically and psychologically good and, in fact, better integrated than ever. It was at this point that she was expressing the wish to be more independent and ascribing it to the decision she had made to stop living her life according to her grandparent's expectations.

It was then particularly noteworthy that following the essentially positive period just described, Eric should have a somewhat encapsulated period of particular difficulty at the Center (days 269-277). Thus, for a number of days he was seen to be quite unhappy and cranky and even needing to be removed from a group book time at one point because he was crying so much that it was disruptive. At the same time, he was observed to be more provocative with some of the other children, including hitting one little girl very hard because she had referred to him as a girl, and not only showing no remorse but acting (possibly out of defensive motivations) omnipotently,as if he could do whatever he wished. These elements, coupled with observed sadistic teasing at times, made it readily apparent that something was distressing Eric. Information on the home situation revealed that in fact these had been very difficult days for his mother in that she had become extremely anxious and feeling particularly rejected. In part, it appeared that a subtle criticism had been voiced by Mrs. K.'s grandmother which may well have been experienced out of proportion and undoubtedly also relevant was the fact that, despite protestations that she no longer cared, mother was not talking to or having much to do with her boyfriend. Things did though take a turn for the better in that mother got a job and this, coupled with the fact that her psychiatrist told her she was looking better, seemed to boost her spirits somewhat.

From here, one moved into an extended phase which lasted over three months (days 282-356) in which Eric regained the positive levels of functioning which we had seen earlier as well as continuing to make progressively more positive movement, although interspersed with occasional difficulties. On the positive side, he seemed quite happy, appropriately comfortable much of the time, and doing very nicely on various projects and group tasks such as the book times. He was often seen to be playing nicely with the other children; however, it was also in this area that one saw some of the difficulties cropping up. Thus, at times, Eric could be provocative, aggressive, and teasing with the other children and needing special attention from some of the adult staff. He sometimes became particularly upset when feeling that some of the other children were interfering with his obtaining the kind of adult attention and gratifications which he so much wanted and needed. In a related vein, he also made clear his anxiety regarding the feeling at times of being unworthy and inadequate. However, most encouraging, was the fact that more so than in the past, he was now better able to recover more quickly and not become as intensely upset or for as long as used to be the case. Furthermore, during much of this time, the level of stress in the home and personal difficulty for the mother was in fact quite substantial, including mother's concerns about her own adequacy as well as her conflicts with the boyfriend and the mother's brother who was living there at the time. Thus, it was rather promising that Eric was functioning as well as he was under these circumstances and was not in fact revealing even more overt kinds of difficulty. While it was unclear at this point just what factors enabled him to adjust as well as he had, it appeared reasonable to speculate that on one level, perhaps, his psychological defensive processes were coming to his aid and thus minimizing somewhat the upsurge of potential anxieties. Also significant was the fact that undoubtedly he must have been feeling greater security and comfort within the context of the Children's Center itself.

Following a period of about the next month (days 357-383) there was an intensification of the difficulties noted previously. Thus, one saw even more of Eric's need to be and feel special with the teachers and a heightening of aggressiveness and provocativeness with some of the other children. Specific examples of some of these difficulties included his attempting to get a less mature child to step in some feces, displaying and exhibiting himself by pulling his pants down and urinating in front of the other children, and pouting and throwing sand at a teacher when forced to give another child a turn at bat when he had had a special, private interaction with this teacher. Again, on the more positive side, it was still striking that he seemed able to recover quickly from these difficulties when they did occur and continued the demonstration of his capacity to play nicely with the other children on occasion. His realistic as well as fantasied behavior appeared to reflect his wish to be nurtured as well as a co-existing resentment of the fact that he had not been so nurtured in a comfortably secure kind of way over the years. In a confirmatory vein, one even had the teacher's comment that he had been acting as if he wanted to kill her at one moment and to be held by her the next so that the feelings about mother in related transference issues seemed very much self-evident. Again, in a rather dramatic way, the parent material indicated that this was an especially difficult time in the home including, for example, the real concern over being evicted from their apartment at any moment as well as mother having another abortion during this time span and feeling extremely angry at the "system," her boyfriend, and presumably the world for letting her down.

There now began a long stretch of time which went seven months until the conclusion of this 24-months segment (days 384-504) in which Eric's functioning reached progressively more positive levels with a diminution of the difficulties described up until this time. Although some of the previously noted problems were in evidence during the early phase of this section, he moved on to such a point that he was even described upon occasion as the best functioning, most well integrated of the children in his group. There were occasional demonstrations of good task interest and capacity, although for the most part this did not appear to be a focus of his interests or involvement. Especially as the months went by, he got along quite well with his peers and was even able to ask to be included into the activities of the other children and to display sadness on the occasions when he would be rejected, but even then he did not need to resort to the kinds of angry retaliation that used to be more typical of him in the past. Again, in a similar vein, a certain decrease in the need to convince himself and the world of his super-hero, super-masculine qualities was seen and he was able to admit to concerns and anxieties such as a fear of the height on the top of a high ladder. Aside from rather slight kinds of oral greediness seen, such as in his sneaking someone's snack, he really looked rather age-appropriate and comfortable and not only related nicely to the other children but was calm in the manner in which he was affectionate and drawing upon the "mothering" available from his teachers.

As it turned out, mother had not been meeting with the social worker as much as had been the case previously, apparently due to developing resistance on Mrs. K.'s part, and the information on the home environment was therefore considerably more sparse than was the case during other time spans. It did appear though that especially following the loss of her job about three months prior to the 24-month point, Mrs. K. was beginning to become more distressed again and yet it was still striking that Eric was able to maintain the level of adjustment that he had attained.

Examination of the 24-month test results revealed that Eric had maintained his previously achieved Binet I.Q. of 107. The most revealing information at this time, however, came from the clinical doll play assessment in which one saw confirmation of the notion that there was in fact considerably more distress and concern in Eric than one probably would have predicted on the basis of the observations of his behavior at the Children's Center. Particular concerns were still evident around issues of security, being cared for, and protected as well as concerns regarding the expression of aggression and being aggressed against. Coupling the observed behavior in the Center with the clinical material from the doll play, it seems reasonable to speculate that, at least within the context of the Children's

Center, Eric's defensive processes were now able to come into play sufficiently to ward off much of the awareness of the anxiety-arousing material and impulses related to his various concerns thereby enabling him to cope on a much more successful level than had been the case previously. Material revealed though by mother towards the end of this time span indicated that the kinds of concerns and difficulties tapped in the doll play were being revealed now more directly at home rather than in the Center itself. Thus, according to mother's description, she portrayed Eric as an insecure and anxious boy whose concerns had risen to such a level that he was afraid to be alone in a room or even go to the bathroom alone and spent much of his time watching TV. While asserting that her relationship with him was still close, mother pointed out that he was becoming even more rebellious of late and at times becoming very upset by her yelling at him, while on other occasions actually seeming to provoke it and then seeming calmed by it when she actually did give in and yell at him. Thus, given the information from the Center as well as the clinical assessments and mother's descriptions of his behavior in the home, it would appear that at least in part, Eric seemed now to be directing his distress in a more appropriate fashion at the mother rather than displacing it as inappropriately at the Center as had been the case. With respect to the particular difficulties of the mother, one was also tempted to speculate that Eric felt the need to provoke her in order to get some kind of attentive reaction from her at times. In addition, he continued to struggle with anxieties regarding the fear that he would lose her if he did things to make her unhappy and perhaps would actually provoke her own emotional breakdown, thereby confirming himself as the bad child who deserved being yelled at and losing his mother.

IX. THE SOCIAL WORK WITH MRS. K: TWENTY-FOUR MONTHS TO TWENTY-NINE MONTHS (ERIC'S TERMINATION FROM THE CENTER)

About two months after losing her job, Mrs. K. undertook a two-month job training program during which she remained off drugs and entered into a fairly steady contact with the social worker. In their sessions she expressed a great deal of anger--at the teachers in the training center whom she perceived as overly watchful and critical, at Tony who once again was being told to move out, at the welfare department for mishandling her affairs, at Eric's teacher for unfair discipline, at her grandparents for making demands on her, and at the social worker for what were clearly transference complaints, that the latter was not a good enough caring mother but rather the overly critical and rejecting grandmother. In addition to the anger, Mrs. K. described depressed feelings of loneliness, discouragement and futility. Although she refused to acknowledge the connection whenever it was suggested to her, it seemed certain that her distress was compounded by the fact that Eric would be entering first grade in a few months, at which point he would no longer be eligible for our program. Well ahead of this termination she had reserved a place for him in an after-school activities center, and she steadfastly denied that she had any emotional discomfort regarding the impending change. However, recognizing that her deep-seated expectation of rejection and abandonment would most certainly be tapped in this situation, the social worker repeatedly emphasized her intention to continue regular sessions with her after Eric's termination. Additionally, the social worker's degree of reaching out was increased in order to ensure the regularity of contacts up to the time of Eric's departure.

Several weeks after the start of her new job, it became obvious that Mrs. K. was again using drugs. Convinced of the importance of confronting her with the reality of the consequences of this behavior, but recognizing the danger of precipitating an overwhelming negative transference reaction if the social worker were to make the confrontation, it was arranged that the director (in whom Mrs. K. seemed to have some confidence and trust) would face her with the reality, the consequences, her need for help, and the importance of working with the social worker for relief of the pressures she was trying to deal with in a manner which would only bring about more difficulties. In the first session with the social worker following that with the director, she acknowledged her current use of drugs and permitted some exploration of the frightened, angry feelings that were prompting her to hurt herself and destroy her chances for a better life. Yet, a week later, she had returned to her earlier stance of denial and anger that she was being accused of something which was untrue. The social worker continued her interpretations regarding Mrs. K.'s anger at the Center and the social worker for what felt like abandonment of her and Eric, of Mrs. K.'s equating the social worker's perceptions of concern with her grandmother's criticism, and of her disappointment that the new job had not solved all of her problems. Mrs. K. came to yet another session obviously drugged and challenging the social worker to accuse her, prompting the latter to respond to her upsetness and depression with the recognition of her loneliness and despair being intensified by the fact that even a new job in a large organization had not brought friends because of her difficulty in relating. The social worker attempted to help her sort out the inner distress from the outer realities and to further establish what could be done about the latter. As the work moved to the area of Mrs. K.'s wish for more adequate and attractive housing and her certainty that she could never have it, the social worker focused on the actual financial details of how and when she could achieve this. Within a week, following many of the steps suggested, Mrs. K. accomplished a move into a lovely apartment of which she was very proud. Again, as a reflection of a complicated transference reaction (i.e., the perception of the social worker as the uncaring, angry grandmother who could never be pleased), she excluded the social worker and turned to the director to share the ups and downs and final success of that undertaking. She also shared the fact that she was receiving considerable approval on her job and was being groomed for promotion.

X. ERIC'S DEVELOPMENT: POST TWENTY-FOUR MONTHS

Eric continued at the Center for the six months following the 24-month point until he entered first grade. While the quantity of the usual observations was not available to give one a clear cut picture of Eric during that time span, we did have access to the I.Q. testing and teacher ratings for the pre- and post-kindergarten period.

Of particular consequence to our understanding of Eric's functioning was the fact that while his post-kindergarten WISC score of 107 reflected a sense of stability in the intellectual realm, he was becoming more emotionally distressed as his termination from the Center became imminent. Thus, although most facets of his behavior in the Center and public school fell within the average range when he started kindergarten, by the time it drew to a close he was perceived by his Center and Kindergarten teachers as unduly disrespectful, defiant, and blaming others for his problems. With regard to other aspects of his functioning (e.g., comprehension, attentiveness, impatience) he remained essentially within the average range although a trend towards somewhat lesser functioning in these areas was also apparent.

XI. CONCLUDING REMARKS

As noted previously at the conclusion of the 24-month period, Eric appeared to be moving ahead in a generally positive direction, notwithstanding the fact that, according to the doll play material, he was doing this at least in part via substantial denial of concerns. Nevertheless, despite evidence of the continuation of certain underlying difficulties he was still coping more effectively than he used to and was also no longer displacing inappropriately the resentments which he had regarding the mother and his general caretaking situation. However, as was then dramatically apparent as Eric's stay at the Center drew to a close and also coincident with mother's withdrawal and distancing from the social worker, we saw that his functioning and behavior were beginning to deteriorate and the kinds of difficulties initially observed at the Center were again being expressed. As his kindergarten teacher commented at the end of the year, "This last semester Eric's attitude has been very negative at times. He has lost his temper several times and he gets very upset with peers."

It is difficult to predict at this time what the future follow-up assessments on Eric will reveal and the eventual resolution of this case is unclear. It is very possible that the decreased functioning witnessed as termination approached was a specific reaction to his distress in that regard and that given time to adjust himself to that loss he would again approach the more positive levels of functioning seen at the Center. However, based upon the material presently available in this case, one must appreciate both the complexity and limitations of the work which is attempted with such highly pathological families. Given the dramatic shift from improvement at 24 months to the reappearance of previously observed (although possibly less intense) difficulties, one must speculate on the factors which could account for such a state of affairs.

It should be noted that the clinical doll play material revealed at 24 months that despite the behavioral improvements witnessed in Eric, underlying difficulties had not been entirely dispelled. Rather, one may surmise that the combination of therapeutic gains made by mother and the secure caring atmosphere of the Center had enabled Eric to feel sufficiently secure to function more adequately and in addition to let his psychological defense mechanisms temporarily block out thoughts which would disrupt his newfound level of comfort and adaptation.

Given the needs of this mother and son for secure, caring and stable relationships and their almost paranoid-like anxieties that the world was in fact filled with unreliable, uncaring people, it would seem quite plausible that Eric's enforced termination at the Center would arouse strong feelings of being deserted and thereby prompt mother to distance herself and Eric to eventually take out his anger on staff and peers again. While one cannot rule out the possibility that these negative reactions in mother and child would have occurred under any circumstances, the essentially progressive movement prior to the issue of Eric's termination is strongly suggestive of the notion that their sense of imminent loss prompted the decline and failure to sustain the highest levels of functioning previously attained. Significantly, however, from the information we were able to gather, it would appear that neither Mrs. K. or Eric deteriorated to the most pathological levels witnessed in earlier years. This is consistent with the interpretation that a good part of the regressions were a function of the termination. Also, while we noted that during the earlier phases of his stay in the Center Eric's behavior would invariably deteriorate with declines in mother's functioning, we eventually saw that he was able to maintain improved levels of coping even during some of her bleaker periods. Thus, on the positive side, one must assume that a certain level of healthy distancing was beginning to take place in terms of appropriate separation from the more symbiotic elements of the relationship as it had initially existed. Given the evidence of this development, there is reason to be encouraged regarding the likelihood that Eric achieved aspects of meaningful, internalized growth independent of the mother's condition. Therefore, despite the regression witnessed in him at termination, one may be hopeful that the solid, independent progress demonstrated by Eric in the past would point to a level of functioning that he would be able to regain once the immediate impact of termination was resolved. It will, however, be necessary to await the results of the future follow-up material in order to answer this question.

CHAPTER 15: ILLUSTRATION OF THE OPEN-ENDED INTERPRETIVE APPROACH[1]

The case of Mrs. G. illustrates social work intervention of a predominantly interpretive nature. In contrast to some of the mothers whose fragile ego development and functioning required therapy which was largely supportive, Mrs. G.'s ego strengths were sufficiently intact to permit a predominantly interpretive approach, and the nature of her problems required it. Despite stresses which sometimes reached severe proportions, she had consistently maintained a fairly high level of functioning. She had managed this at great expense to herself, mainly through repression and denial of her own feelings and needs, and might have continued this pattern indefinitely were it not for the intrusion of adjustment problems in her older child, Matthew, which forced her to look at her pattern of coping and its connection with her child's difficulties. Inevitably, she moved into other areas as well, slowly gaining insight from a psychoanalytically-oriented approach, and slowly developing a capacity to translate the insights into new patterns of functioning. The effect of her problems and the family's stresses on Matthew's adjustment were dramatically apparent, as were indications of improved personal and family functioning. In the sections which follow, we shall describe both the therapeutic work with Mrs. G. and Matthew's adjustment in the day care center over a period of 3 years, highlighting the interwoven effects as they were observed, and the length of time it took for both parents and children to reverse certain regressive trends and once more move in a more progressive direction.

[1] This Chapter was written by Larry Strassmann and Kayla Given

I. THE SOCIAL WORK WITH THE PARENTS

Mrs. G., an extremely attractive woman in her middle twenties, contacted the Children's Center shortly after what she hoped would be the last in a series of separations from her husband of five years. She and her two sons had moved from a nearby community to share the apartment of a divorced friend whose children were already enrolled in our day care program. In a relatively short time, Matthew, age 5, and Jim, age 3, were making an excellent initial adjustment in the Children's Center and Mrs. G. had settled into an office job which she very much enjoyed. However, the adverse effects of combining the two families in an overcrowded housing situation soon became evident in the adjustments of the children. Matthew appeared to be having the most difficulty and Mrs. G. was encouraged to use the social worker's help in alleviating this. She admitted concern, but resisted a regular weekly commitment so that there were only four sessions in the first five months. She described with resignation that Matthew had always been "a mass of insecurity" and that she had always found it more difficult to relate warmly to him than to Jim. She frequently referred to her inadequate feelings in this and other areas.

During the intake process, Mr. G. had spoken with the social worker about his deep wish for a reconciliation and he maintained a very close and unexpectedly helpful contact with the family. Five months later, (late January, 1973) Mrs. G. did agree to resume the marriage and they rented a house in the area so that she could remain on her job and the children in their school and day care placements. When the reconciliation provoked an increase in Matthew's distress and behavior problems, Mrs. G. began to see the social worker on a weekly basis for help and understanding in dealing with this (February 27, 1973). Separate weekly sessions were also set up with Mr. G. at his request but, as was a typical pattern in most areas of his life, he gradually lost interest and discontinued after two months (May 10, 1973). At that point, Mrs. G. suggested a tapering off of her own contacts, but when she was reminded of her concern about her overwhelming sense of personal inadequacy and offered help with this, she committed herself to a treatment alliance in which she worked diligently and productively for over two years.

Mrs. G. was the only natural child of an alcoholic father and a mother who suffered in silence, resigned to a marriage and way of life that contained more pain than satisfaction. When Mrs. G. was 14, her parents adopted an infant son, an act designed to give the father an opportunity to express his parental feelings but which actually confirmed his inability to relate warmly to anyone. The remoteness of the father and the passivity of the mother combined to give Mrs. G. a sense of hopelessness about herself, a certainty that she was "too dumb, too fat, too ugly" to elicit the loving feelings she wanted and needed. A move to a new community when she was in high school, the pain of leaving a close group of friends with whom she had grown up and of trying to find acceptance with a new group at a typically clique-oriented, unaccepting age, compounded her feelings of inferiority. She fell in love with Mr. G. when she was 19, was mainly pleased to discover herself pregnant because it would bind him to her and repressed the guilt that would have been inevitable because of her religious background and the undisguised disapproval of her parents. The many weaknesses of the ensuing marriage, the many separations, all of which were accompanied by ugly violent scenes, further convinced her of her inadequacy and worthlessness. It was in the area of her self-image that the greatest work was done in this once a week open-ended therapy that continued for two and a half years. During that time there were two more separations and reconciliations, and each occurrence showed an increase in her awareness of the dynamics of her own feelings and behavior.

The major focus throughout the work with Mrs. G. was on the issue of her negative self-image -- its origin, the many different areas in which it was evident, the hampering effect it had on her functioning and relating, and ways in which she could bring about change. Periodically, when Matthew's problems in adjustment necessitated a more child guidance oriented focus, we would concentrate a series of sessions on understanding his needs and how she might best help him. Inevitably this would lead us back to the original focus on her feelings about herself which were so interwoven with her inability to adequately mother this child whose problems were so clearly a reflection of this inability. Much of her attention and energy were consumed by her marriage -- brief periods of happiness during reconciliations surrounded by lengthy periods of agitated misery before and during separations -- and it was in the therapeutic work within this relationship that she gradually learned to understand and modify the dynamics of her identification with her mother, an identification by which she had become the masochistic child of a mother masochistically tolerating an alcoholic husband. The first year of therapy began as Mr. and Mrs. G. had reconciled and Matthew was showing behavior indicative of a heightened anxiety and insecurity. Mrs. G. was helped to understand the impact on the child of his exposure to so many separations, his inability to trust the continuance of the united family, his growing conviction that his badness must be the cause of the upheavals. His mother's impatience and lack of warmth toward him in contrast to her loving ways with Jim, the easy-to-raise problem-free child, only confirmed his sense of badness. It was important to ease her guilt about preferring Jim in order to free her to explore the origin of her feelings about Matthew. She then made use of interpretations which linked her present anger toward Matthew to the circumstances of his conception, and for the first time permitted some awareness of the long repressed guilt about her premarital pregnancy. As a result, she developed a more relaxed approach with him which permitted somewhat more spontaneous warmth as well as more secure firmness and discipline when those were indicated. Matthew's behavior and adjustment made gratifying improvements which later declined as a result of subsequent upheavals, but at those times Mrs. G. was able to use my help in restoring herself and him to the earlier, improved level.

Several months after beginning her weekly sessions with me, in May 1973, Mrs. G. began to experience and discuss problems that were disturbing the reconciliation, and this moved the therapy into a more intensive focus on her feelings of worthlessness and her inability to assert herself for fear of losing a much-needed person. Mr. G., an extremely immature troubled man, often attempted to bolster his own sense of adequacy by attacking hers. His facility for pedantic or clever articulation was in sharp contrast to her more plodding commonplace expression, and was often used, successfully, to make her feel defeated and stupid at the conclusion of irrelevant but heated arguments. His need to do this seemed to increase as his contribution to the family income decreased. He had a history of job changes between which he permitted himself extended periods of unemployment so that Mrs. G. often found herself the only and not just the major breadwinner. All of these problems had existed throughout the years of their marriage. Therapy had begun to help her achieve a different view through insights so that eventually she could see and use herself differently from before, making a more mature, healthy impact which resulted in more satisfying responses. Her receptivity to interpretations was limited so there was much repetition and I used every opportunity to point out recurrences of her behavior, interpreting each time the connection with early experiences and feelings. As the reconciliation faltered, the interpretations were focused mainly in the area of how her deep sense of inadequacy led to an inability to recognize or assert her needs and wants, which then resulted in a perpetual invitation to her husband to use her as a doormat, which then reinforced her deep sense of inadequacy. Very gradually she allowed herself to become aware of some of her negative feelings about being used in this way, of her ambivalence about keeping the marriage going at all costs to herself. In a combination of interpreting the dynamics of her behavior and supporting her right to a more rewarding relationship, I helped her move to the recognition of what had been a self-defeating pattern. Understandably, it took a great deal of time before she could translate the recognition into behavior changes.

Mr. and Mrs. G. terminated this reconciliation attempt after eight months, October 1973, remained separated for two months, reunited for five months, December 1973, and then separated again June 1, 1974. At that point, although distressed at yet another failure, Mrs. G. was able for the first time to distinguish her own problems from those of her husband so that this failure was not automatically viewed as a reflection of her inadequacy. The next several months of intensive work with me resulted in a deepening of her awareness and respect for her needs and feelings, an increased understanding of the psychological dynamics in which her husband symbolized her father who never gave his approval, so that her willingness to be exploited by her husband could be understood as her repeated attempts to please the impossible-to-please internal father. Following these insights came the determination to develop other patterns of behavior, and finally the changed behavior itself. This was seen in specific examples of the increased confidence and self-assertion, both with her husband and with others in her environment. During the last separation, in contrast to earlier occasions when she resigned herself to doing without, she began to insist on some child support, even moving towards the direction of forcing it through legal means. She experienced a release from a life-long immobility in new social situations, discovering a capacity to project an engaging enough personality to attract gratifying responses, which then encouraged further efforts on her part. Increased confidence in these areas added to her confidence in parenting, so that even though she and Matthew had recurrences of negative, unproductive relating, these were of shorter duration and much less distructive than they had been in the past.

Five months after their last separation, Mr. and Mrs. G. reestablished their home together, mid-October 1974, this time with enough new strengths to allow some optimism that the reconciliation could be permanent. Most of the changes had taken place in Mrs. G., largely as a result of the therapy she had been in for the past year and a half. My emphasis for the next year was on helping her to strengthen her appreciation and use of herself as an adequate, independent human being, deserving of approval and consideration. The reconciliation began as something of an "armed truce", occasionally deteriorated to much more overt hostility, vacillated between the two and gradually improved to a level that contained considerable mutual respect and warmth. Mrs. G.'s newly developed ability to separate her sense of self from her husband's put-downs, plus an increased understanding of his problems and their effect on her, enabled her to stand up to the negatives in such a way that her husband gradually acquired a new respect for her which in turn decreased his criticism and ridicule. As she lived through these difficult times, Mrs. G. experienced several periods of resistance to the therapy which were successfully worked through as I interpreted the transference implications. On one such occasion, when she "forgot" a session, she was helped to relate this to a resistance to see me because of her expectation that I would scold her as her mother had done. On another such occasion, the interpretation involved her disappointment and anger that I was not being helpful enough, I was not magically transforming her unhappy situation into something wonderful. Using all of this, she gradually moved to an ability to bring her expectations into a more realistic, reasonable level -- expectations of me, husband, parents -- so that she could begin to achieve a mature balance of asserting her needs within the reasonable expectation of having those needs met. Her increased self-confidence and self-esteem were also visible in her physical appearance; slimming down to a beautiful figure and adopting an extremely attractive hairdo and clothes style, she gave tangible evidence that she had discarded the self-image of "too dumb, too fat, too ugly".

II. THE DEVELOPMENT OF MATTHEW

Given the marital difficulties and past history, one might well have anticipated difficulties in Matthew even before he was observed at the Children's Center. Matthew was the living, breathing confirmation of the act which had apparently brought about this none-too-ideal marriage. Thus, while mother initially saw her pregnancy with Matthew as a positive vehicle through which to bind herself to father, the fact that things turned out so poorly may well have accounted for the distance that mother felt with this boy (especially in contrast to the much warmer and freer quality that she had with her younger child). With respect to the father, he was even able to verbalize that he had not felt very close to Matthew because he had resented Matthew's birth as having been the reason why the marriage "had" to take place. To establish these kinds of issues even further, it was striking that from the time he was only a few months old, Matthew's care had been given up to a sitter who, although described as a lovely woman, had ten children of her own in addition to the five that she took in for day care, and mother noted that this sitter raised Matthew more than she herself did (even to the point of toilet-training him). Characteristic also of the feelings that mother had for Matthew and a certain awareness of such difficulties on her part, was her statement to the effect that she tended to "jump" on Matthew even when things were not his fault.

Mother perceived Matthew as a "mass of insecurity" and presumably based this feeling on such facts as his continuing to suck his fingers when anxious and even carrying a blanket until he was four and a half years old, at which time she took it away from him. Further observations on mother's part of difficulties with Matthew even prior to his entry into the Center, included nervously fiddling with his hair when upset and being prone to asthma attacks. Nevertheless, despite these aforementioned problems and potential difficulties, Matthew was as eager to enter the Center's program as mother was to have him in it.

Our initial impressions of Matthew at the Center were somewhat surprising to the extent that he looked rather good and in great part seemed lacking in the kind of difficulties one might have anticipated from the early parent material. Thus, during the first six weeks at the Center, there was a consistent pattern of seemingly adjusting well from the first day, having no difficulty separating from his mother and immediately interacting with the children in a very positive manner as he was able to lead as well as follow in group play and work in a good, involved manner on tasks. He seemed often comfortable, relaxed, and enjoying himself and while he was boisterously aggressively teasing and playing around one day, it was definitely more typical to see him behaving like a "good kid". In terms of possible negative facets of the sort which, as previously noted, one might have anticipated, one found but a few subtle indications. On several occasions, it was noted that he painted clouds in strong colors and it appeared that these represented possible anxiety and unhappiness which he was defensively disguising with "strong, lively emotions". It was also noted that he could easily be made to cry by a much younger and smaller boy named Harry when this fellow would do things such as pull Matthew's hair. One got the sense that if Matthew was so vulnerable as to be that upset about a relatively minimal provocation it quite likely reflected a somewhat tenuous adjustment and feelings of helplessness which could be so readily evoked by someone much weaker than he. It also seemed reasonable to suspect that, while much of Matthew's positive-looking features were undoubtedly "legitimate", the facility with which he moved into the new situation was probably due in great part to the fact that he had already spent much of his life in a day care type of setting with other children so that one was again at least inclined to speculate that the "clouds and crying" pointed to the fact that his adaptation was not quite as "solid" as it appeared.

Confirming, however, the legitimately positive aspect of Matthew's capacities and functioning were the results of the Entry and 6-Week intellectual test results. During both sessions he was seen as quite positive with a good ability to focus his attention and interest productively on the various testing items, displaying excellent cooperation and attention. With respect to the actual test results, his Entry assessment revealed a mental age of 5 years 4 months and an equivalent Binet IQ of 105, while the 6 Week evaluation showed him to have scored at the mental age level of 6 years 2 months, with an equivalent IQ of 119. Thus, even at this early point it was apparent that if Matthew did have difficulties, there were also definite strengths and positive features evident as well.

As Matthew moved from the 6-Weeks to the 5-Months point, one began to see that despite appearing reasonably happy and content much of the time, signs of underlying difficulties began to appear more clearly. Generally speaking, one saw that a particular area of conflict appeared focused around the issue of an underlying regressive pull, suggesting a wish on his part to return to more infantile and childlike levels of gratification, countered with the wish to be stronger and more grown-up. On the side of the former aspects, one noted that he was repeatedly seen to be putting his fingers in his mouth and pulling on his hair in an auto-erotic kind of way which, especially when done in conjunction as they often were, made him appear to have a quite infantile-like quality about him. He seemed to want, and enjoyed, attention from adults and children, but there was the ongoing indication that he did not feel he was getting his fair share of things. Thus, he resisted sharing his own things and particularly resented things that Betty (who lived with him at home) got from her father that he himself did not get. Concerns around issues of being given to and deprived appeared most amply demonstrated in Matthew's revelation at one point that his mother had taken a two-dollar bill which his father had given him and spent it so that he was left with nothing. Further indications of his discomfort were revealed in his talking on one occasion about how his father was not a very nice person as well as in an increase in Matthew's disobedience within the context of the Center itself (although he was apparently behaving well in kindergarten). One began to get a sense that he had, up until this time, been defending more rigorously against the awareness and expression of underlying angry feelings and now was, in the growing security of his feelings about the Center, permitting himself greater freedom in expressing some of his underlying dissatisfactions. In this context, one noted for example, the subtle expression of underlying resentment as evidenced by his rather inappropriately, out of the blue, beginning to talk one day about how he hoped everyone would enjoy Christmas. Although one might be tempted to view this in a superficial manner as a positive statement about his good feelings for mankind, the tensions in the home at this time, which will be elaborated shortly, make it appear much more plausible that he was resenting what he felt to be the good Christmases of everyone else which he did not anticipate happening to himself. A more flagrant illustration of the developing expression of angry feelings was witnessed on one occasion when an observer saw him purposely rubbing ink on his own shirt as he watched to see if the observer would try to stop him.

The other predominant theme of Matthew's functioning and difficulties that became progressively more apparent during these days, included his concerns and difficulties with regard to the issue of sexual identification and a general sense of self-image. He was frequently seen to be talking about or playing in an explicitly sexual manner (e.g. pulling another boy's pants down, teasing about kissing) and while in part this served the function of getting him some attention, there was also the very distinct element of "trying to prove himself". Further indications of this underlying feeling of inadequacy that he tried to deny seemed evident in occasions of acting quite feminine in a supposedly mimicking fashion and also denouncing females, insisting the he did not play with dolls in a manner reminiscent of Lady Macbeth as one thought "He doth protest too much". On another occasion he was heard to refer to himself as a form of excrement which was something that he often was inclined to attribute to others in a manner obviously defensively motivated (i.e. referring to the others as feces while defending against full awareness of feeling like that about himself).

There was no doubt that although some of the increasing difficulties observed in Matthew were a function of his having become sufficiently comfortable to begin to display such behaviors within the context of the

Center, the difficulties on the home front had increased and were undoubtedly making their impact on a wide-ranging front. During this time span mother described having more difficulty with him. The increased levels of tension in the home were fueled by the fact that she was fired from her job and another family was now also living with them, contributing to the exaggerated yelling and ongoing anxiety level on a day to day basis. In addition to growing disobedience with the mother, Matthew was now experiencing more asthma attacks than had been the case previously and while mother was pursuing that facet by taking him to an Allergist, she herself admitted to recognizing the likelihood of an emotional underlay. Confirming this latter notion was the fact that Matthew's father had begun coming around more and that this increase in attention coincided with the increased allergy attacks, although the symbolic "connection" was not clearly apparent yet at this point.

Striking illustrations of the dual facets of good functioning with clearcut and substantial underlying difficulties were revealed and confirmed in the intellectual testing and clinical doll play sessions which took place at the end of the 5 month period. With regard to the former, he was again found to be a cooperative, essentially well-functioning boy, who had this time achieved a mental age of 6 years 6 months, which yielded a Binet equivalent IQ of 120. Distinguishing this evaluation from the previous ones, was the fact that, particularly when Matthew seemed to become somewhat fatigued, he would now begin to put one or more fingers in his mouth while twirling his hair with the other hand and even engage in some immature speech level and expressions which had a baby-talk kind of quality to them. Much more revealing, however, of his underlying emotional difficulties was the material from the clinical doll play session. Confirmed now were the underlying feelings of anger, sexual difficulties and concerns as well as problems in the area of identification. He was struggling with the wish to express some of his anger as well as incorporating this wish with the notion that to be strong and aggressive was to be able to protect and defend himself in a threatening world. However, various material indicated that, as had been suspected in the observations, he was in fact afraid to fully recognize and display such feelings for fear that this would elicit in others the kind of anger and rage which he sometimes felt himself and would thereby risk the possibility of initiating his own annihilation so to speak. In a related vein, one saw in his play and his figure-drawings, confirmation of the sexual confusion and anxieties. Especially revealing were the facts that he chose to draw his figures without clothes on and in addition to explicitly drawing penis areas on the male, as well as the female, he also included feces coming out of them, which he labeled as "ka-ka." One might also note at this point the confirmation of the interest in and related difficulties regarding genital and excretory functioning in terms of Matthew's teacher having observed him one day to be "joking around" and talking about "squeezing ka-ka out of his weenie." The distortion of the body figures which Matthew produced was inappropriate for a boy of this age and seemed associated with his own inner experience regarding his sense of self in general and sexuality in particular.

It was abundantly apparent by this time that Matthew felt vulnerable, anxious, and insecure and very much wanted the attention and protection of adults with a particular focus on a longing for the father-figure. This boy with the "mass of insecurity" that mother had told us about a long time ago was in fact more disturbed than she undoubtedly initially anticipated and as of the 5-month point, one very much had the feeling that the uncooperative stance he had begun to take with her and some of the teachers was, within the overall context, one of the healthier and more encouraging signs of his functioning. That is, he had for too long been a boy with the placid exterior and the inner discomfort and in a sense one had the feeling that had he not begun to communicate his difficulties in a more overt fashion, he would probably have continued to be left to his own devices in terms of struggling with his substantial inner distress.

The time span from 5 to 12 months was not a very positive or productive phase in Matthew's life. His parents had reconciled at the beginning of this period, but after two months were once again experiencing tensions and conflicts in their relationship which, in turn, seemed clearly reflected in Matthew's adjustment. Although there were certain periods of diminished tensions unmarred by more difficult episodes, these were definitely in the minority and much more characteristic were the previously exhibited difficulties including intensified demonstrations of the previously noted problems. While one saw instances of his relating appropriately to the other children, more typical were provocations on his part with them as well as adult staff members. Not only did one continue to see the signs of underlying concerns as manifested through such symptoms as the finger sucking and hairstroking, but the provocations were now much more overt. He developed a tendency to act rather silly at times as an attention-getting device and would, at times, tease and pick on the two children who had previously lived with him. The latter undoubtedly (at least in part) related to resentments regarding the tensions that had existed in the overcrowded anxiety-laden household at that time, as well as the symbolic evoking of separation anxieties engendered by the families having actually gotten separate apartments then. He would also, at times, start arguments with many of the other children which often wound up with him in tears, thereby again pointing not only to the degree of his underlying distress but to the conflicted feelings he had about establishing relationships. Thus, it sometimes appeared that he unconsciously brought about the rejection of those relationships which he so much wished would turn out positively. In a similar vein, he could be observed to want to help the teacher and obviously tried to elicit a positive-type of relationship; however, his underlying resentments would at times overwhelm him to the point that he did extremely provocative things such as dumping Jello on the floor purposely, putting sand on his hair as his mother came to pick him up, trying to get one of the observers dirty, and on one occasion he threw a tantrum when asked by the staff to help out.

Undoubtedly, the most disconcerting and revealing facets of Matthew's functioning and behavior during this period related to his anxieties and confusions regarding his feelings of self with a specific focus on the distress surrounding his sexual feelings and identification. While he was relatively uninvolved in tasks for the most part, his occasional drawings were revealing of his underlying upset as he would, on various occasions, draw pictures of sad people and a house noted for the extent of its disorganization. In terms of the more overt facets of the breakthrough of sexual impulses and anxieties, Matthew's heightened preoccupation with sexual matters was increasingly expressed in word and deed. Not only would he be observed exposing himself at the Center (and we were told at home as well) but some of his verbalizations in this regard were extremely revealing in the sense of helping us understand some of the underlying fantasies. Thus, for example, on one occasion when pushed by another child, Matthew threatened to exhibit himself if pushed again as if his penis were so bad and/or so powerful a force that all would shy away in fear or awe. Also in line with such an underlying fantasy was the instance in which he had exhibited himself and responded to a teacher's reprimand by saying that his father's penis was real big and he wanted to show how big his own was. It appeared extremely likely that much of this kind of behavior was the defended-against expression of his underlying castration anxieties which he attempted to deal with through the denial of the concerns and the reaction formation type of expression of being extraordinarily big and powerful in this regard. He also revealed to us quite explicitly the intensity of the sexual concerns and the tie with issues of sexual identification as he overtly touched the crotch of a male observer on one occasion, a female teacher's breast on another, and expressed interest and confusion regarding sexual matters as he verbalized things such as not wanting hair on his chest and a beard when he grew up, speaking of his chest as "boobies," and wanting "boobs" painted on his chest. Even more explicit was his description on one occasion of how he had sucked his cousin's penis until the latter had urinated in his mouth, following which Matthew was observed to be mouthing a rounded tubular leg of a cot in a seemingly unconscious manner as if in fact he were performing fellatio. At this point, one began to wonder whether in addition to the more symbolically-related tensions there were actual sexually stimulating experiences that he had had or been witness to which stirred up much of what we were seeing. Further indications of the strength of these difficulties and the conflicted nature of his underlying feelings were seen in examples such as his provocatively saying that one of the male observers should hold his penis, which Matthew had been exposing at the moment, putting his exposed penis up against a girl's genitals, going around "unconsciously" masturbating at times, urinating in the waste basket on one occasion and making believe that he had "big boobies." At times he still tried to become involved with male observers and the other boys in masculine activities such as gymnastic tricks. This was an apparent attempt to elicit the admiration and involvement of others as well as to deny that part of him which felt feminine and yet longed to be strong and manly. However, he tended not to succeed at these goals and was reduced at times to offering to "act funny" for the older boys if they would let him play. Though he clearly wanted to and did in fact get to play with the other children at times, his behavior with them was sufficiently undesirable to get himself overtly rejected by others on various occasions.

Confirmation of the increasing difficulties and consequent problems for Matthew was seen in his Binet testing and clinical doll play at the 12 month point. His IQ score had dropped to 111 and the clinical material both solidified and amplified our impressions obtained through the observations. He was very involved in aggressive kinds of fantasy play, with shooting and killing done in a way symbolically expressing the anger he had towards the family for what he experienced as their lack of real commitment to him as well as the instability of the home which they provided for him. However, coexistant was his own concern regarding the prospect of being hurt himself. He was clearly struggling with basic issues of his own sexual identification related in part to the expression of these aggressive concerns and impulses but then more poignantly revealed in terms of his actual confusion around body parts and his own sexual and physical development. With respect to the former, it was striking how he identified with the soldier-aggressor figures that he used to shoot up and destroy the family members in the play-house and then had the primary fighting soldier hiding in the bathroom. Such vignettes clarified the dual facets of wishing to express the aggressive impulses but feeling the need to hide them fearing undoubted retribution. Fantasies, such as the one in which he had the soldier hide in the bathroom pointed to his conflict regarding the wish to be powerful and aggressive so that he could protect himself and express his anger. However, the fear over doing this included the longing to regress to more infantile and probably anal kinds of functioning, as demonstrated in this play in which he had momentarily shot up the toilet as one of the first objects of his vengeance. In a related vein, he also revealed the longing for a protective environment in which someone would take care of him and also keep him from losing control of his impulses. Most striking, however, was the verification of the extent of his sexual preoccupations and confusions as revealed through his response to the figure drawing tasks. Initially, he drew a figure that he referred to with male kinds of references but then added tremendously long hair and, in labeling it then a female, claimed that it had been one all along. Then, in response to a request for a male figure, he chose to take back th original drawing of the female and in effect wound up superimposing his drawing of the male on top of the female, indicating some of the differences between the two figures in that the male had squared-off hands and toes, verbalizing the fact that this figure was weird and then adding a penis to it, tiny dots for the male breasts, larger breasts underneath for the female and then small phallic-like projections that he labeled the girl's "pee-pee". It appeared that one could not ask for much more in the way of substantiating his underlying concerns regarding the confused nature of his sexual identification. One sensed that he longed to be the adequate male but was for now feeling like the boy superimposed on top of the girl so that one saw aspects of both the male and the female in him and he himself was perhaps unsure which would predominate in the long run. Similarly, one saw the wish for the masculine identification, not only in the previous fantasied descriptions mentioned but in involvements with making snake-like figures as well. It was also notable that he interchanged between snakes and excrement so that one again was inclined to speculate that he often felt like a worthless piece of anal waste product and one began to wonder whether, at least in part, such concerns were a product of his fantasied uncertainty regarding his identification, or whether it was in fact his being a male which was responsible for what he experienced as the parental (especially maternal) rejection.

Evidence of his difficulties were also apparent on the home front as mother continued to experience him as a problem and was able to verbalize difficulty in responding as warmly to him as she felt she did to her younger son. Matthew himself verbalized his insecurities by repeatedly asking mother whether she missed him and loved him, making pictures proclaiming his love for his parents, and, becoming hysterically anxious one night when they went out for the evening. The allergic-asthmatic difficulties continued and we were told that at home there was a progressive increase of jealously directed aggression onto the younger brother. Despite an initial attempt at recathecting his son, the father had begun disconnecting from Matthew again and though mother was beginning to work in a serious, committed therapeutic manner with the social worker towards the end of this time span, the difficulties in the home were continuing to make their dramatic impact on Matthew.

As Matthew entered the thirteenth month of his stay at the Center, his parents seemed to have achieved a temporary harmony together. Again, one saw confirmation that the level of his functioning was fairly consistent with the state of things in the home. For example, he was beginning to appear more comfortable and mature than he had been seen to be for a long time, even engaging nicely in projects at times and relating well to the other children, although admittedly showing occasional signs of the underlying concerns via finger-sucking and the need for close physical contact with his teacher. However, two months later the parents were again demonstrating the instability of their relationship, separating for two months, reconciling for five months, and then separating again for five months. One saw that when the parenting situation took a turn for the worse, it was dramatically reflected in a negative state for Matthew at the Center, as for example, becoming more overtly angry and unhappy and seeming even more tenuous and insecure much of the time. During such phases, one saw explicit difficulties such as aggressively angry displays towards the younger brother as well as anger and provocatively defiant interactions with the teachers. The anxiety-related sexual silliness in behavior was often seen again at such times in ways suggesting that he was feeling both particularly stimulated as well as confused regarding the adequacy of his own sexual identification and also making it clear that he had poor feelings of self as he was heard to make overtly self-derogatory remarks. Notable, in a positive vein was the fact that, in contrast to times past, even during his more difficult phases, he was now able to make a connection with several of the older boys although virtually nothing was seen in the way of meaningful task orientation. As the time approached the year and a half point and tensions in the home were reduced, one again saw Matthew calming down relative to the more difficult periods but still reflecting the tenuousness via the finger-sucking and the previously-mentioned sexual features though not in as intense or disconcerting a fashion as was the case during his most distressing moments. Particularly encouraging was the fact that as the more extreme negative features diminished in intensity and frequency, the provocativeness and silliness which still came out would now be responsive to reprimands from the teacher and Matthew was even observed to apologize for such indiscretion on one occasion. At approximately the mid-point of this time span, from 12 to 24 months, after father had left the home again and then returned, the parents decided to let Matthew stay home rather than continue at the Center in the fantasied hope that father and son could now spend more time together and establish a better relationship. Matthew was absent from the Center for several months and as one might have anticipated, things deteriorated at home once again and mother re-entered him at the Center. We were told by the mother that, at least to a certain extent, Matthew perceived his return to the Center as a punishment and in fact, when he returned, he was again provocative and immature. However, it was difficult to separate out this possible perception on Matthew's part from the fact that things had become extremely difficult in the home again including not only the fact that mother had lost her job but as she put it, "Home is hell". From the observations, one did get the sense that at least some of Matthew's provocativeness during this period of return may have been a defense against fully feeling the depressive aspects which now also seemed to be there and strikingly then, Matthew gradually became somewhat calmer and happier, even to the point of engaging in some productive project involvement at times. This was especially notable in that as this development was taking place, the home situation was still extremely difficult with father vacillating between assaulting mother physically as well as emotionally and then being nice to her on occasion so that one could speculate that Matthew may have begun to experience the Center as a safe, stable place in an anxiety-arousing and insecure world. He may also have perceived mother's re-entering him at the Center as a sign that not only did she care what happened to him, but was competent enough to actively take charge and make the decision that was best for him. Seemingly confirming this trend was the fact that in the over three and a half months which followed, he continued to look progressively better on a number of levels. Aside from the fact that there was still little evidence in the way of meaningful project involvement, he looked happy and comfortable much of the time and was observed to be playing nicely with the other children on repeated occasions. One knew there were still problems as seen in the finger-sucking and the observations of his tendency to be full of false bravado while being actually insecure and ineffectual "underneath", but on the whole, things seemed to be moving along in a positive direction, even as his last days at the Center drew to a close and he knew that separation was definitely imminent.

The Binet testing and clinical doll play at the 24 months point were again revealing in the sense that both Matthew's assets and liabilities were clearly reflected. Thus, with respect to the positive movement witnessed in him over the final months, one found him to be quite cooperative and motivated in the intelligence testing session and in fact he attained a superior IQ of 123. The clinical material showed him to be struggling with many of the same issues previously uncovered. However, there was an apparent decrease in the intensity with which he displayed many of the related fantasies and impulses, both in terms of intensity of feelings involved as well as the degree of his actual play involvement. There was a subtle quality of lethargy which seemingly resulted in part from a low-level kind of depression and also appeared to be partially a defense against the full degree of the awareness of angry feelings and related impulse expression which used to characterize him more overtly. Thus, for example, while he engaged in a bit of the kind of aggressive fantasy soldier play noted in earlier evaluations, it was now much more low key and done in a way which suggested that he was not really completely comfortable in following through on such impulses but rather wished for the cessation of hostilities or the tolerance of such feelings in the ones whom the aggression was directed against. Confirming his underlying apprehension, was the sequence in which he set up the boy and father puppet figures in boxing positions and then had the father figure "punch out" the boy. Also related were concerns regarding his own masculinity as he would, for example, be struck by the red color on the boy's lips and believe that the boy was wearing lipstick and then, as he had done in the last doll play, demonstrate the intensity of such anxieties via his response to the figure drawings. While these actual productions were not as disturbed as previously, (when he had overlaid one figure on top of the other), he now drew developmentally inadequate figures which were most dramatically highlighted by the fact that he labeled his first production as George and then when I asked him to draw a female, he said that his former figure was in fact a girl and then changed its name to Wilma. He then drew another figure which, while also inadequate, was infused with more anger and he labeled the latter with his father's name and former with his mother's name. Not only did he demonstrate continued sexual confusion, but he additionally labeled both figures as hippies which appeared to reflect his perception of the parents as irresponsible types of people. While the mother drawing conveyed the sense of his seeing her as more vague and amorphous, and not really available for him in many respects, the father figure was, although more distinct, much more tied up with feelings of anger which one might easily speculate related to feelings regarding the father's insufficient attention and unreliability. A poignant illustration of Matthew's state was contained in his response to a request for him to tell a story. While initially protesting that he was incapable of fulfilling this request, he eventually related a very idiosyncratic version of the boy who cried wolf. He spoke of the boy having had some sheep and having gone out and cried wolf several times and people came, finding none. Finally when there really was a wolf and the boy cried out for help, no one came so he took his own gun and shot the wolf and the wolf therefore did not eat any of his sheep. It appeared that this version of the story reflected Matthew's fantasy of wishing to be able to protect himself in a world which he experiences as potentially assaultive and where he actually expected to be let down. Considering the poor self image it was likely that he feared this state existed because he had complained too much, and too long, and that perhaps some of the bad things which he experienced, such as his father's leaving him and not protecting him, were in fact his own fault. Strikingly revealing then of Matthew's underlying needs and perhaps at least an unconscious awareness of his wish and need for help was his statement that he wished he could see someone regularly like his friend John did. This friend, John, was a boy with substantial problems for whom arrangements had been made for a therapist to see him on a regular weekly basis at the Center, and at the very least, one could take Matthew's statement as a wish for consistent male contact and, perhaps as noted, there was even some awareness of the kind of help that such a person could provide for him.

At the conclusion of his stay at the Center, it was obvious that Matthew still struggled with many of the previously existing difficulties. However, the fact that a certain degree of positive movement had taken place both in him and the mother was encouraging in terms of the likelihood that it represented something permanent rather than transitory, Furthermore, mother's having made contact for Matthew to receive treatment at a local mental health center was both a positive sign of her awareness of and developing commitment to improve things with him and undoubtedly also conveyed to him a sense of hope not only in the developing potential in his relationship with his mother but the fulfillment of his wish to have a stable, secure, caring and helping person in his life. While the parental therapy and Matthew's stay at the Center had by no means solved all of his problems, one did have the encouraging feeling that sufficient progress had been made with mother and he that they were able to continue moving ahead in a positive direction and avail themselves of the help available in the community.

A follow-up evaluation was done a year after Matthew had left the Center, having reached the maximum age for attendance there. At that point the parents had been reunited for almost a year, in a way which contained elements of strength and maturity never before experienced in their relationship. The mother was continuing in her therapy, periodically returning to the problem of her conflicted feelings toward Matthew.

Follow-up teacher evaluations in kindergarten, first and second grade indicated that while behavior problems and reflections of Matthew's pathology were in evidence, the general thrust of his development was in a positive direction. Illustrative of this movement was the response of his 2nd grade teacher in the most recent evaluation in which, despite witnessing certain classroom disturbance at times, she commented, "Matthew has shown much improvement since entering the class! He began as a very cautious, self-assertive and sometimes unhappy child. He has improved greatly in his desire to learn, to cooperate with the group, and to participate in classroom activities. I am really thrilled with his progress and hope it continues."

The follow-up W.I.S.C. intelligence testing carried out at the same time point confirmed Matthew's progress, as well as remaining difficulties. Thus, he attained a Full Scale I.Q. of 117 which the psychologist clearly saw as an underestimate of his potential in that Matthew had some difficulty in attending, concentrating and controlling certain impulsive behavior.

III. THE DEVELOPMENT OF JIM

As we turn now to an examination of Matthew's younger brother, Jim, it is important to note that while living in the same household, the factors impinging on the development of the two boys were far from identical. Most important were the differential attitudes toward the two children on the part of both parents. Thus, while Matthew bore the burden of being "responsible" for the marriage to begin with, Jim was at least responded to more favorably by the mother and perceived by her as a child who presented no difficulties of consequence. It is then with an awareness of such factors that we move to the description of Jim's development.

It was said that Jim eagerly anticipated his enrollment in the Center as all of the other children in the home (i.e. his brother, Matthew, as well as Harry and Betty) were already coming there. While he did not exhibit any direct separation difficulties from mother herself during the first few days, there was some crying around separation from his brother, such that one may speculate that the ease of transition from mother was at least in part a function of the presence of the brother and perhaps also the other two children at the Center. However, when this source of support was not available, anxiety was aroused in Jim. Nevertheless, during the entry testing which took place during the first few days, Jim scored extremely well, having attained a Binet IQ of 123. However, it must be noted that although he obviously applied himself well enough to attain such a superior level, he was not an eager participant in the session and the examiner noted that throughout the session there was a need for continual and ongoing play in order to maintain him in the room as he was apparently quite impatient and dissatisfied with being away from the other children.

During the first six weeks of his stay at the Center, Jim was rather comfortable much of the time although various observers differed in their impression of him in that while some sensed no fragility, others mentioned indications of underlying strain. While Jim did play with the other children at times and repeatedly seemed to want peer involvement, he was easily dissuaded by rejection and much of the time was contentedly involved in his own play (such as nice engagement with puzzles). This self-involvement was so striking that often he appeared oblivious to the goings on around him as he was "buried in his task". While one occasionally saw indications of the capacity for diversified fantasy play, more typical was the self-involvement and compulsive quality carried out in such a way that it prompted speculations that he was actually involved in trying to be a "good boy". In line with these factors, it was also noteworthy that Jim had a tendency to try to elicit attention from adults at times by claiming to need help when he actually did not, however, on other occasions merely trying to interact warmly and appropriately with them.

Results of the intelligence testing at the end of the six-week period indicated that Jim was not only continuing his previously good intellectual performance but in fact improving on it, having now attained a Binet IQ of 136 in a session wherein he essentially conducted himself in a serious, cooperative fashion.

The first five months of Jim's stay at the Center was quite striking in that there were alternating periods of progressively improved-looking development, contrasted with clear-cut significant difficulties. In the positive realm, there was an apparent lessening of the compulsive quality evidenced previously, a continuation of the capacity for long periods of good task involvement and contented solitary play and a trend towards interacting more directly with the other children. Subtle difficulties included the sort of helpless crying and/or crying out for help when attacked but also seen were more disconcerting instances of lack of concern when someone would, for example, destroy a building he was making. The difficult intervening periods were characterized by such developments as repeated conflicts with the teachers evidenced by passive-aggressive refusals to listen at times, pouting, irritability, and crying when he didn't get his own way. Also witnessed were such overt acts as ripping pages in a book and hitting his teacher when she tried to be firm with him and scolded him. He was also seen to be considerably more aggressive and assertive with the other children and even teased and hit them on occasion but notably could still become saddened when rejected or upset and afraid when attacked. As was the case with his brother, it appeared the upsurge of difficulties for Jim was very much correlated with the return of the father to the home at these times and the kind of aggression and anxieties that were connected with such occurrences. As this time span of the first five months drew to a close, the misbehavior dropped out again and the rest of the picture looked much the same as before. There was, however, the additional element of apparently ever-increasing involvement with the other children, accompanied by a greater assertiveness than previously (although still patiently passive at times), however with none of the difficult behaviors that had accompanied it at times previously.

The intelligence test results at the end of the five month span, revealed that Jim was continuing to maintain his superior performance level, having attained a Binet IQ of 133. He did though demonstrate during the testing much immaturity and at times babyishness, although he remained relatively attentive throughout the session and with encouragement would usually go ahead and try tasks which he might even have refused initially.

It was, however, the clinical doll play which both clarified and revealed much of what Jim was experiencing. He came across as an insecure boy who was particularly unsure whether there were going to be sufficient "supplies in the home" in terms of literal food as well as psychological-emotional kinds of nurturing, and the lengths to which people had to go to acquire these necessities were sufficiently difficult and precarious to make the whole operation an anxiety-provoking one for him. He gave indications of wanting to express aggressive feelings through fantasy play but it was never really carried too far and the manner in which all of this was done made it appear that aggressive impulses were in fact diffused and defended against in great part for, in his mind, to be too aggressive was to risk the chance of being rejected as bad and perhaps even aggressed against himself. While he longed for a positive, protecting kind of caring father, he seemingly had little security in the sense of being able to count on anyone in a truly definitive way and the manner in which he fluidly transformed a monster picture into a picture of mother made it appear likely that on some level he perceived her as somewhat monstrous rather than comforting and nourishing, so to speak. Further confirmation of the extent of his difficulties was then indicated by the fact that, despite his very substantially superior IQ, the developmental level of his figure drawings was quite inadequate and his refusal, or inability, to tell the observer a story all pointed to the intrusive effects of his emotional concerns.

During the time span leading up to the 12-month point, there were continued difficulties and variability of conditions in the home and again, as had been the case during the earlier 5-month assessment, one saw the variability then in Jim's Center behavior as well. Particularly at the start of the 6th month, he was frequently seen to be "at loose ends" and wandering, with a lost quality combined with a tendency to play by himself and to cry when aggressed against by the other children. Quite likely, in an attempt to deny the feelings of vulnerability which his more passive self engendered, he was gradually seen to be interspersing his behaviors with a swaggering, tough guy stance or furiously resisting the teacher. Especially as he entered into these kinds of phases, he seemed better able to hold off, in an appropriate manner, the aggression of others without dissolving into tears as had been more typical of him in the past. However, this was not though a solid, internalized and integrated quality for him. Thus, although he continued to show behaviors characterized by expressions of anger and provocative, disruptive types of behavior, the tenuousness of trying to "become his own person" was well evidenced by the fact that he eventually wound up again starting to have a somewhat lost quality and crying when bothered by the other children. Quite illustrative of this vulnerability, was the fact that it stayed with him sufficiently so that even by the 10-month point, he was observed to dissolve into tears merely because of being rejected in play by a little girl.

Strikingly then, as the 12-month point approached, he retreated once again in the direction of being more on the periphery, drifting, presumably content though without the brightness and flexibility that one had seen in the past. He was more by himself much of the time and though there was still observed his capacity to stand up for himself, he seemed more passively idle than we had seen him for a while, though still retaining the capacity to play nicely with the other children at times. It was naturally quite notable that this shift back to the earlier, essentially "reduced" level of functioning came at a time when the father had left the home again and in this context one was very much inclined to speculate that while the father's presence in the home contributed to the difficulties previously mentioned, his absence may well have prompted the passivity and peripheral quality which Jim displayed at such times as a dynamically-motivated sense of reaction to the father's departure.

Confirmation of these kinds of difficulties with Jim and their related impact on his functioning, were then seen in the 12 month clinical doll play and intellectual testing assessment. While the doll play session revealed his great involvement with aggressive themes and the notion that his home was a chaotic place in which the aggression and sexual difficulties of the parents endangered his welfare. He wished that somehow he and his brother could be either extricated and/or protected from all of these difficulties. However, the material indicated his doubt that this could come from within and rather his belief that some outside figures (perhaps the social worker) would be needed to resolve things. Consistent though with the observations was the fact that all of this was conveyed through a perma-crease smile and happy-go-lucky disposition whereby he seemingly defended himself from the full awareness and experience of the kind of anxieties which undoubtedly would go along with the apprehensions he struggled with. In his quite inadequate response to the drawings and story requests in the doll play and the decrease in his Binet IQ to 119,one found evidence of the price which he was paying for having to live with his insecurities and concerns and while the defenses may have been somewhat successful to the extent of reducing the level of experienced distress, he remained, however, unable to tap what was in fact extremely good potential.

Given this low point it is important to note the general thrust of Jim's functioning and development during the second year was essentially in a positive direction and apralleled the positive developments in the family functioning. One progressively saw less isolation and more involvement with the other children in positive kinds of contacts. For the first ten months, one continued to see the capacity for vacillation between various levels of functioning. Not only were the self-involved activities still seen on occasion but also the tenuousness as well as crying about various things that disturbed him in some way or another. There was a brief segment in which a certain level of provocative negativism returned again, but it was rather short-lived and by no means representative of what we saw in him for the most part. While he definitely had a somewhat babyish quality to him at times, when one noted the ongoing intensity of difficulties in the home, it was striking that his behavior and functioning remained as adequate as they did. Again one had a sense that on some level he was blocking out a true awareness of the extent of those difficulties and maintaining a somewhat oblivious kind of approach.

Given this backdrop then, it was extremely noteworthy that when the rest of his peers were graduated on to kindergarten and Jim was held back because his development was not deemed sufficient to move on yet to the public school, there was then a definite shift in his functioning and behavior. The essence of this change involved his becoming more of a leader and a bit bossy and in fact actually somewhat tougher at times.

One must, however, note that the "tough" part often had the kind of practicing quality which suggested that it stemmed not so much from an inner sense of really feeling that role as it did from the wish to act in the manner that he actually wanted to be like. It seemed apparent that this shift was brought about by the fact that he was now one of the oldest and biggest children in the Center, which undoubtedly gave him at least a certain sense of confidence and security. In this context, it was also notable that he formed a viable and good, close relationship with the other boy that was held back and, as if to illustrate the sense of unity that they experienced on the first day the rest of their peers went on to kindergarten and these two were left behind, they made a point of shouting at the younger children who remained that they should stay out of their room. As one might have anticipated, the increased assertiveness was also accompanied by a tendency to become more task involved and to function more positively than had often been the case in the past although one must not leave out the other side of the coin in that there were still signs of the passivity and tenuousness previously observed in Jim. Thus, for example, he could still cry easily when accidentally knocked down by his new-found friend. One got very much a sense of his wish to be a big man but the related underlying insecurities about not really making it seemed highlighted, for example, in his going about the room one day measuring things as he verbalized something to the effect of trying to find out how long girls' penises were. Clearly he was struggling with the issue of how much of a male he was becoming and yet as these days drew to a close, one had the feeling that he was beginning to come out of his shell more and that the slow, but hopefully positive movement, observed in earlier periods was still proceeding in the progressive direction one had hoped for.

As was the case previously, the clinical doll play and intelligence testing results at 24-months both confirmed the positive aspects of Jim's movement as well as the difficulties that he struggled with. Thus, while not nearly as passive and babyish as he used to be, he was not really able directly to reflect his underlying feelings in an optimumly appropriate manner. While the fantasy play again revealed concerns about aggressing and being aggressed against, it was all done in a very controlled, essentially calm kind of manner with the almost ever constant smile which by now clearly was part of an ongoing defense against the full awareness of the underlying concerns. Seemingly well illustrative though of the existence of these underlying feelings was the fact that while playing in a casual way with the puppet figures at one point Jim had the father figure punch me in the glasses and this occurred in an "out of the blue" impulsive kind of fashion which was extremely uncharacteristic of him. Coupled then with his completely dropping any aspect of this theme, even though I tried to encourage its development, one again got confirmation of his need to defend against the breakthrough of this kind of material. While the figure-drawings were sufficiently improved developmentally speaking over the 12-month point such that one could talk in terms of his being in better shape now than he was then, there were still difficulties from an emotional standpoint. Notably, however, he was now beginning to perceive the father figure as more aggressive, although still an extremely important figure to him, and the mother figure was now seen as much more positive than used to be the case. However, with mother there were indications of his concern that despite good feelings for her now, he was still insecure as to her capacity to really handle everything adequately. Consistent though, and most revealing, were the consequences of the intrusive effects of the emotional concerns such that even now that he had reached the age of 5, Jim was unable to bring himself to attempt a story and even the Binet I.Q. had come down to a level of 114. With respect to the I.Q., it is also worth noting the comment of the examiner who, solely on the basis of her test exposure to Jim, felt that he was not applying himself at the higher levels as much as he potentially could have because of a possible fear of failure (and it was also very much this quality which struck one in his failure to provide a story during the doll play session). As this time span drew to a close then, one had the feeling that Jim had really made significant movement over the boy that we had seen two years before. This, both in the sense of regressing in his functioning but then showing once more a greater balance of progressive trends. What price he was paying for an adaptation based on a particular defensive constellation involving considerable repression and denial was more difficult to assess.

Observations made in the initial part of his kindergarten years by the observers and teachers indicated he was functioning appropriately and adequately.

IV. CONCLUDING REMARKS

Notably, both children followed a similar pattern in the sense that after an initially adequate appearance at the Center, each regressed substantially at various times of stress but eventually attained a more appropriate level of functioning. While the reversal for Matthew was more gradual and the results up until this time more modest, it must be stressed that not only did he come into the Center more disturbed but he was also older and consequently less maleable at the start. Jim, who had tended to cover up difficulties initially, eventually became more "his own person" and, relatively speaking, better able to express himself. However, the full realization of his cognitive potential was not yet recaptured and one saw that he was therefore paying a price for having achieved a certain level of comfort and adaptive structure.

Obviously, the eventual resolutions in this family remain unclear as of this time and will need to await further follow-up material to provide a more accurate and comprehensive picture of the direction which their development will take. However, it appears safe to say that while the full realization of their capacities remains to be fulfilled, they would undoubtedly have been in much more difficult straits at this time if the program had not been available to them. Hopefully, the information yet to be gathered will provide a clearer picture of the stable gains which have been made and the limitations which must be recognized. The follow-up is particularly important in this instance since a long time elapsed before the work with the parents reached a point where a progressive trend could be seen in their relationship. The impact on the children in initiating their more positive trends seems clear. The nature of the ultimate and hopefully continuing positive impact is less clear.

TABLES

Table 1

Characteristics of Mother's Living Situation at Six Weeks

N = 48

	Percentage of Total Ratings in Each Category				
	Excellent Adaptation	Above Average	Average	Below Average	Inadequate Adaptation
1. Job Situation:					
a. Holds Suitable Job	4	52	35	9	
b. Holds Responsible Job	2	50	38	10	
c. Holds Steady Job	2	48	27	23	
d. Receives Appropriate Pay		60	36	4	
2. Housing Situation:					
a. Lives In Suitable House	2	60	8	13	17
b. Housing Situation Stable	2	77	4	10	7
3. Commitment to Providing for Child:					
a. Attitude Toward Placing Child		8	85	4	3
b. Basic Reliability with Child	6	35	13	29	17
4. Use of Available Resources:					
a. Uses Community Resources	4	65	12	19	
b. Uses Resources of Social Worker	2	60	28	6	4
5. Relationship to Parents:					
a. Positive Relationship		15	64	13	8
b. Assertive with Parents		10	65	15	10
6. Relationship to Men:					
a. Steady Relationship to Male	2	17	20	44	17
b. Allows Hurt from Male	4	8	35	38	15
7. Indications of Depression:	2	28	8	33	29

Table 2

Showing Reliability Intercorrelations of Parent-Child Ratings at Six Weeks and Five Months for First and Second Culver City Samples

Social Worker vs Observer

N = 25

		6 Weeks	5 Months
I.	Affection	.81**	.67**
II.	Time Available	.67**	.88**
III.	Organized Environment	.89**	.87**
IV.	Clarity of Availability	.52**	.86**
V.	Limit Setting	.58**	.79**
VIa.	Aggression Control	.77**	.48**
VIb.	Cleanliness	.64**	.33
VIc.	Self Reliance	.82**	.43
VId.	Adult Role Behavior	.44	.44
VIe.	Academic Achievement	.74**	.74**
VII.	Clarity of Communication	.68**	.80**
VIII.	Active Instruction	.81**	.78**
IX.	Move to New Experiences	.14	.69**
X.	Conceptual Exchange	.73**	.83**
	Global Parent Change Rating	--	.50**
	Global Person Change Rating	--	.88**

Levels of Significance: * $P < .05$; ** $P < .01$

Table 3

Showing Reliability Intercorrelations of Parent-Child Ratings at Six Weeks and Five Months for Third Culver City Sample

Social Worker vs Observer

N = 19

		6 Weeks	5 Months
I.	Affection	.69**	.75**
II.	Time Available	.73**	.76**
III.	Organized Environment	.55*	.67**
IV.	Clarity of Availability	.66**	.67**
V.	Limit Setting	.75**	.59*
VIa.	Aggression Control	.87**	.75**
VIb.	Cleanliness	.76**	.70*
VIc.	Self Reliance	.73**	.66*
VId.	Adult Role Behavior	.56*	.12
VIe.	Academic Achievement	.82**	.78**
VII.	Clarity of Communication	.65**	.75**
VIII.	Active Instruction	.81**	.82**
IX.	Move to New Experiences	.72*	.78**
X.	Conceptual Exchange	.44	.82**
	Global Parent Change Rating	--	.54**
	Global Person Change Rating	--	.83**

Levels of Significance: * $P < .05$; ** $P < .01$

Table 4

Showing Correlation Between Child-Parent Interaction Assessment Variables and Director's Parent-Child Ratings at Six Weeks

CHILD-PARENT INTERACTION VARIABLES (Parental Characteristics)		PARENT-CHILD RATINGS							
		I	II	IV	V	VII	VIII	IX	X
A.1	Warmth Expressed	.71**	.72**						
A.2	Irritation Expressed	-.81**	-.69**						-.61*
B.1	Empathy		.58*					.55*	
B.2	Appropriate Help Given	.57*	.67*					.67*	.67*
D.1	Shares Activity	.60*	.71**					.54*	.69**
D.2	Shares Feelings	.56*	.72**						.57*
E.1	Attempts to Curb							-.76**	
E.2	Effective Control					.56*		-.61*	
F.1	Explains Task						.55*		
F.3	Sureness of Actions							.72**	.55*
H.	Consistency							.70**	
I.	Evenness of Behavior & Feeling				.62*			.60*	
J.	Sense of Self	.59*	.56*	.60*		.66*	.62*	.52*	.68*
J.4	Concern/"Good Parent"					-.74**		-.64*	
J.5	Concern/Own Role as Parent	.68*	.57*			.56*	.69*	.55*	.82**
K.	Ego Strength				.69**	.52*	.59*		.61*
K.1	Impulse Control	.52*				.58*	.52*	.59*	.61*
K.2	Self Esteem			.52*	.62*	.63*	.61*		.61*
L.1	Fun with Child	.62*				.60*	.69**		.70**
L.2	Amused by Child	.69**	.64*			.67*	.66*		.78**
L.3	Absorbed by Love for Child	.86**	.82**						.70**
L.4	Pride Expressed	.72**	.61*			.54*	.59*		.71**

Significance Levels: * P < .05; ** P < .01

Table 5

Number of Children and Their Families Forming The Various Samples in the Two Day Care Centers Studied Over the Course of Four Assessment Points

Culver City Day Care Center

Assessment Point	Sample 1	Sample 2	Sample 3	Sample 4	All Four Samples
6 Weeks	15	10	23	12	60
5 Months	15	10	23	12	60
12 Months	11	7	17	11	46
24 Months	10	6	Inc.*	Inc.*	Inc.*

"San Pablo" Day Care Center

Assessment Point	Sample 1	Sample 2	Sample 3	All Three Samples
6 Weeks	15	7	23	45
5 Months	15	7	19	41
12 Months	10	4	8	22
24 Months	9	2	Inc.*	Inc.*

* Incomplete

Table 6

Showing Intercorrelation of Parent Ratings at Six Weeks

N = 48

		I	II	III	IV	V	VI-a	VI-b	VI-c	VI-d	VI-e	VII	VIII	IX	X
I.	Affection		.88**	.52**	.81**	.49**	.16	.30*	.21	.21	.45**	.88**	.69**	.60**	.70**
II.	Time Available			.68**	.92**	.65**	.37**	.48**	.27*	.27*	.45**	.89**	.80**	.59**	.82**
III.	Organized Environment				.72**	.75**	.51**	.59**	.52**	.46**	.50**	.64**	.70**	.48**	.70**
IV.	Clarity-Availability					.71**	.38**	.53**	.38**	.31*	.46**	.83**	.80**	.53**	.83**
V.	Limit Setting						.51**	.52**	.48**	.42**	.38**	.57**	.62**	.40**	.61**
VI-a.	Aggression Control							.77**	.52**	.55**	.27*	.28*	.36**	.22	.31*
VI-b.	Cleanliness								.56**	.52**	.48**	.48**	.56**	.48**	.54**
VI-c.	Self-reliance									.79**	.50**	.33*	.36**	.43**	.39**
VI-d.	Adult Role Behavior										.52**	.37**	.42**	.49**	.38**
VI-e.	Academic Achievement											.56**	.69**	.75**	.62**
VII.	Clarity of Communication												.85**	.73**	.85**
VIII.	Active Instruction													.72**	.89**
IX.	Move to New Experiences														.71**
X.	Conceptual Exchange														

Levels of Significance: * P $<$ .05 ** P $<$ .01

Table 7

Showing Intercorrelation of Parent Ratings at Five Months

N = 48

	I	II	III	IV	V	VI-a	VI-b	VI-c	VI-d	VI-e	VII	VIII	IX	X
I. Affection		.85**	.42**	.83**	.38**	-.04	.20	-.11	.29*	.41**	.79**	.59**	.56**	.68**
II. Time Available			.49**	.94**	.50**	.12	.31*	-.07	.25*	.36**	.81**	.62**	.48**	.71**
III. Organized Environment				.53**	.75**	.38**	.45**	.20	.11	.21	.53**	.46**	.29*	.47**
IV. Clarity-Availability					.55**	.08	.32*	-.04	.23	.35**	.78**	.61**	.42**	.68**
V. Limit Setting						.48**	.30*	.33*	.17	.33*	.62**	.61**	.27*	.57**
VI-a. Aggression Control							.56**	.37**	.09	.07	.09	.24*	-.15	.15
VI-b. Cleanliness								-.13	-,11	.03	.18	.20	-.05	.23
VI-c. Self Reliance									.43**	.28*	.14	.25*	.09	.14
VI-d. Adult Role Behavior										.36**	.31*	.28*	.21	.23
VI-e. Academic Achievement											.52**	.65**	.62**	.68**
VII. Clarity of Communication												.75**	.69**	.78**
VIII. Active Instruction													.59**	.89**
IX. Move to New Experiences														.70**
X. Conceptual Exchange														

Levels of Significance: * P $<$ .05 ** P $<$ .01

Table 8

Showing Intercorrelation of Parent Ratings at Twelve Months

N = 31

		I	II	III	IV	V	VI-a	VI-b	VI-c	VI-d	VI-e	VII	VIII	IX	X
I.	Affection		.84**	.31	.74**	.37*	.24	.03	.21	.33*	.52**	.82**	.66**	.46**	.70**
II.	Time Available			.45**	.89**	.42*	.32*	.03	.14	.19	.47**	.85**	.69**	.41*	.81**
III.	Organized Environment				.62**	.59**	.53**	.27	.20	.16	.48**	.52**	.63**	.40*	.56**
IV.	Clarity-Availability					.56**	.40*	.14	.07	.07	.49**	.81**	.72**	.33*	.78**
V.	Limit Setting						.62**	.17	.30	.10	.44*	.62**	.61**	.44*	.61**
VI-a.	Aggression Control							.38*	.19	-.00	.49**	.49**	.54**	.14	.65**
VI-b.	Cleanliness								-.08	.12	.39*	.10	.44*	-.36*	.22
VI-c.	Self Reliance									68**	.34*	.34*	.42*	.12	.27
VI-d.	Adult Role Behavior										.28	.26	.42*	-.00	.24
VI-e.	Academic Achievement											.55**	.77**	.34*	.66**
VII.	Clarity of Communication												.77**	.52**	.84**
VIII.	Active Instruction													.29	.83**
IX.	Move to New Experiences														.37*
X.	Conceptual Exchange														

Levels of Significance: * P < .05 ** P < .01

Table 9

Showing Intercorrelation of Child Indices at Six Weeks

N = 43

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Psychological Move		.53**	.65**	.48**	.80**	.23	-.23	.29*	-.21	-.40**	.26*	.04	-.09
2. Peer Relations			.53**	.60**	.79**	.38**	-.64**	.11	-.34*	-.42**	.22	.01	-.28*
3. Task Orientation				.36**	.69**	.17	-.43**	.23	-.25	-.38**	.17	.05	-.07
4. Modulation of Aggression					.72**	.35*	-.45**	.01	-.16	-.37**	.14	.09	-.03
5. General Adaptation						.34*	-.42**	.13	-.21	-.45**	.14	.00	-.12
6. Stanford Binet I.Q.							-.23	-.19	.00	-.31*	.28*	.13	.00
7. Disengages from Task								-.06	.40**	.50**	.02	-.20	.40**
8. Shows Interest									.08	.03	.27*	-.14	-.12
9. Seeks Affection										.30*	.17	.00	-.06
10. Disrupts Task											.15	-.00	-.01
11. Productivity												-.08	-.02
12. Seeks Lap													
13. Regresses													

Levels of Significance: * P < .05 ** P < .01

Table 10

Showing Intercorrelation of Child Indices at Five Months

N = 43

		1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Psychological Move		.81**	.66**	.65**	.89**	.44**	-.08	.18	-.10	-.37**	.27*	.16	-.24
2.	Peer Relations			.62**	.81**	.82**	.37**	-.17	.11	-.11	-.36**	.28*	.05	-.29*
3.	Task Orientation				.53**	.80**	.19	-.33*	.14	-.05	-.41**	.26*	.05	-.33*
4.	Modulation of Aggression					.76**	.24	-.13	-.02	-.14	-.40**	.03	-.03	-.22
5.	General Adaptation						.44**	-.15	.07	-.11	-.43**	.16	.10	-.20
6.	Stanford Binet I.Q.							-.01	-.10	-.13	-.37**	.10	.04	.01
7.	Disengages from Task								-.05	.08	.47**	-.17	-.16	.33*
8.	Shows Interest									.32*	.09	.71**	-.06	.14
9.	Seeks Affection										.06	.20	.10	.40**
10.	Disrupts Task											-.08	-.03	.26*
11.	Productivity												.19	-.07
12.	Seeks Lap													.15
13.	Regresses													

Levels of Significance: * P $<$ .05 ** P $<$ .01

Table 11

Showing Intercorrelation of Child Indices at Twelve Months

N = 26

		1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Psychological Move		.68**	.56**	.77**	.82**	.21	-.07	.18	-.01	-.08	.17	-.03	.28
2.	Peer Relations			.60**	.80**	.70**	.16	-.13	.25	-.06	-.17	.13	-.25	.31
3.	Task Orientation				.42*	.80**	.30	-.41*	.32	-.00	-.24	.36*	.05	.28
4.	Modulation of Aggression					.75**	.18	-.04	-.02	-.23	-.19	.05	-.11	.22
5.	General Adaptation						.38*	-.25	.15	-.18	-.18	.13	-.09	.34*
6.	Stanford Binet I.Q.							-.35*	-.14	-.01	-.04	.14	-.01	.22
7.	Disengages from Task								-.19	-.28	.42*	-.13	-.24	.05
8.	Shows Interest									.20	.37*	.47**	-.15	-.17
9.	Seeks Affection										-.16	.42	.28	-.16
10.	Disrupts Task											.17	-.26	-.16
11.	Productivity												.17	.11
12.	Seeks Lap													.04
13.	Regresses													

Levels of Significance: * P < .05 ** P < .01

TABLE 12

RESULTS OF FACTOR ANALYSIS OF PARENT-CHILD RATINGS

AT

6 WEEKS, 5 MONTHS, AND 12 MONTHS

		Factor Loadings at Each Assessment Point		
Name of the Factor:		6 Weeks N=48	5 Months N=48	12 Months N=31
A. Being Available, Affectionate and Communicating with Child	Affection	1.03	.85	.93
	Time Available	.85	.85	1.02
	Clarity-Availability	.69	.84	.87
	Clarity of Communication	.81	.52	.80
	Conceptual Exchange	.42		.73
	Active Instruction			.51
B. Moving Child to New Relationships and Cognitive Experiences	Move to New Experiences	.69	.81	.58
	Standard Academic Achievement	.87	.96	.73
	Active Instruction	.50	.72	
	Conceptual Exchange		.75	
C. Providing Limits and Organization	Organized Environment	.77	.78	.87
	Limit Setting	.83	.83	.51
D. Setting Standards for Self-Reliance	Standard for Self-Reliance &	.87	.58	.91
	Adult Role	.88	.95	.92
E. Setting Standards for the Control of Aggression and being Clean	Standards for Aggression	.93	.77	.93
	Control & Cleanliness	.90	.91	.92

TABLE 13

RESULTS OF FACTOR ANALYSIS OF CHILD INDICES

AT

6 WEEKS, 5 MONTHS, AND 12 MONTHS

		Factor Loadings at Each Assessment Point		
Name of the Factor		6 Weeks N=43	5 Months N=43	12 Months N=26
1. Child's Adaptation or Competence	Psychological Move	.91	.85	.95
	Peer Relationships	.52	.89	.79
	Task Orientation Rating	.73	.76	.40
	Aggression Modulation	.70	.92	1.00
	Adaptation	.96	.94	.77
	Disrupt Category	-.55		
2. Child's Task Productivity	Task Productivity	.96	.93	.69
	Interest in Task		.90	.92
3. Child's Stanford Binet I.Q.	Binet I.Q.	.72	.94	.96
	Interest in Task	.73		
4. Child's Task Disengagement and Disruption	Disengage Category	.59	.87	.82
	Disrupt Category		.77	.75
	Regress Category	.96		
	Task Rating			-.41
5. Child Seeking a Lap	Seeks Lap Category	.99	.98	.81
	Seeks Affection Category			.68
6. Child's Seeking Affection and regressing	Seeks Affection Category	.98	.88	
	Regress Category		.71	.97

Table 14

Showing Correlation of Child Factor Components and Measures Derived from the Doll Play Situation at the Five-Month Assessment Point

CHILD FACTORS:	DRAWING RATINGS					STORY RATINGS			OVERALL CLINICAL RATING
	Normality-Pathology Male	Normality-Pathology Female	Average Normality-Pathology	Koppitz Average Developm't	Writes First Name	Spontaneous Story Creative	Spontaneous Story Adequate	Previous Story Creative	Emotional Health-Pathology
Psychological Move	.34*				.38**	.60*			.39**
Peer Relationships	.39*	.36*	.46*		.32*	.54*			.27*
Task Orientation Rtg.	.52**	.55**	.60**	.49**	.57**	.67*			.34*
Aggression Modulation						.73**			
Adaptation	.53**	.54**	.63**	.35*	.44**	.76**	.62*		.41**
Task Productivity				.34*				.87**	
Interest in Task									
Stanford Binet I.Q.	.38*		.39*						.29*
Disengages				-.39*		-.69**			
Disrupts		-.52**	-.48*	-.41*	-.31*				-.38**
Seeks Lap									
Seeks Affection	-.32*							.58*	-.30*
Regresses		-.42*		-.37*					

Levels of Significance: * P < .05; ** P < .01

Table 15

Showing Correlation of Child Factor Components and Measures Derived from the Doll Play Situation at the Twelve-Month Assessment Point

	DRAWING RATINGS				STORY RATINGS				OVERALL CLINICAL RATING
CHILD FACTORS	Normality-Pathology Female	Normality-Pathology Spont.	Developm't Adequacy Spont.	Koppitz Average Developm't	Spont. Story Creative	Spont. Story Adequate	Previous Story Creative	Previous or Spont. Adequate	Emotional Health-Pathology
Psychological Move	.40*	.54**	.51**		.63*		.61**	.52**	.44**
Peer Relationships		.37*	.41*			.57*		.37*	.50**
Task Orientation Rtg		.45**	.56**		.77**	.70*		.40*	
Aggression Modulation	.37*	.39*				.55*		.47**	
Adaptation	.37*	.59**	.56**			.76**		.50**	.60**
Task Productivity			.42*		.59*				
Interest in Task					.68*				
Stanford Binet I.Q.			.34*	.35*					
Disengages from Task									
Disrupts Task									
Seeks Lap									
Seeks Affection									
Regresses							.70*		

Levels of Significance: * $P < .05$; ** $P < .01$

Table 16

Showing Intercorrelation of Parent-Child and Child Factor Scores at Six Weeks

N = 47

	CHILD FACTORS					
PARENT FACTORS	Adaptation-Competence	Task Productivity	Stanford Binet I.Q.	Task Disengagement	Task Seeks Lap	Task-Seeks Affection & Regresses
Affectionate-Available		-.29*				
Moves Child to New Experiences						-.33*
Limits and Organization			.35**			
Standards for Self-Reliance	.25*			-.35**		
Standards for Aggression and Cleanliness						.28*

Levels of Significance: * P ∠ .05 ** P ∠ .01

Table 17

Showing Intercorrelation of Parent-Child and Child Factor Scores at Five Months

N = 47

CHILD FACTORS

PARENT FACTORS	Adaptation-Competence	Task Productivity	Stanford Binet I.Q.	Task Disengagement	Task Seeks Lap	Task-Seeks Affection & Regresses
Affectionate-Available	.44**					
Moves Child to New Experiences	.36**		.34**	-.32*		
Limits and Organization						
Standards for Self-Reliance	.29*					
Standards for Aggression and Cleanliness						

Levels of Significance: * P ∠ .05 ** P ∠ .01

Table 18

Showing Intercorrelation of Parent-Child and Child Factor Scores at Twelve Months

N = 33

	CHILD FACTORS					
	Adaptation-Competence	Task Productivity	Stanford Binet I.Q.	Task Disengagement	Task Seeks Lap	Task-Seeks Affection & Regresses
PARENT FACTORS						
Affectionate-Available	.65**					.56**
Moves Child to New Experiences	.57**		.36*			.44*
Limits and Organization	.36*					.46**
Standards for Self-Reliance		.35*				
Standards for Aggression and Cleanliness				-.34*		

Levels of Significance: * $P < .05$ ** $P < .01$

Table 19

Showing Mean Scores for Factor B: Parent Moving Child to New Relationships and Cognitive Experiences for Each of Four Treatment Groups at Three Assessment Points

	ASSESSMENT POINTS		
TREATMENT GROUPS	6 Weeks	5 Months	12 Months
Open-Ended Interpretive	.40855	.6155	.9823
Open-Ended Supportive	-.2276	.0763	.3622
Non-Utilization	-.7163	-.5661	-.5299
Problem-Oriented	-.1090	-.2269	-.6927
P value for level of significance of the F ratio from comparison of all treatment groups.	.3221	.2563	.0193

Table 20

Showing Probability of Observed t Values for Treatment Group Comparisons of Mean Factor B Scores: Parent Moving Child to New Relationships and Cognitive Experiences

(Only comparisons yielding a P value of .05 or less are shown)

	ASSESSMENT POINT	
TREATMENT GROUPS	5 Months	12 Months
Open-Ended Interpretive vs. Non-Utilization	.028	.004
Open-Ended Interpretive vs. Problem-Oriented		.016

Table 21

Showing Mean Scores for Child Factors

Adaptation, Task Productivity, Seeks Affection and Regresses

FACTORS:	Assessment Points		
	6 Weeks	5 Months	12 Months
1. Child's Adaptation or Competence			
Open-Ended Interpretive	.3808	.7717	1.1085
Open-Ended Supportive	-.1341	.2237	.1199
Non-Utilization	.1108	.7734	-.7530
Problem-Oriented	-.1193	.2267	.0496
P Value[1]	.7497	.0170	.0193
2. Child's Task Productivity & Interest			
Open-Ended Interpretive	.1892	.2186	.3877
Open-Ended Supportive	-.9430	.7487	-.7223
Non-Utilization	-.1197	.4882	-.1059
Problem-Oriented	.0545	-.2706	.2129
P Value[1]	.0901	.0079	.2872
6. Child's Seeking Affection & Regressing			
Open-Ended Interpretive	-.6877	-.3308	.0185
Open-Ended Supportive	-.3107	-.4833	-.0580
Non-Utilization	.5687	.0088	-.2354
Problem-Oriented	.1395	.9011	.0704
P Value[1]	.1395	.0850	.9790

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

Table 22

Showing Probability of Observed t Values for Treatment Group Comparisons of Mean Child Factor Scores: Adaptation, Task Productivity, Seeks Affection and Regresses

(Only comparisons yielding a P value of .05 or less are shown.)

	6 Weeks	5 Months	12 Months
1. Child's Adaptation or Competence			
Open-Ended Interpretive vs. Non-Utilization		.008	.002
Problem-Oriented vs. Non-Utilization		.042	
2. Child's Task Productivity and Interest			
Open-Ended Interpretive vs. Supportive	.015		.039
Open-Ended Supportive vs. Interpretive		.020	
Problem-Oriented vs. Open-Ended Supportive	.008		
Open-Ended Supportive vs. Problem-Oriented		.015	
Non-Utilization vs. Problem-Oriented		.035	
6. Child's Seeking Affection and Regressing			
Non-Utilization vs. Open-Ended Interpretive	.035		
Problem-Oriented vs. Open-Ended Interpretive		.045	
Problem-Oriented vs. Open-Ended Supportive		.038	

Table 23

Showing Average Task Orientation Category Score for Four Treatment Groups

	N=22 6 Weeks	N=22 5 Months	N=19 12-Months
DISENGAGE			
Open-Ended Interpretive	.048	.076	.204
Open-Ended Supportive	.101	.115	.137
Non-Utilization	.197	.191	.123
Problem Oriented	.112	.079	.125
P Value[1]	.0018	.0570	.6762
DISRUPTION			
Open-Ended Interpretive	.165	.099	.178
Open-Ended Supportive	.091	.074	.124
Non-Utilization	.113	.148	.117
Problem Oriented	.072	.060	.098
P Value[1]	.3481	.2680	.4949
INTEREST			
Open-Ended Interpretive	.015	.043	.151
Open-Ended Supportive	.018	.016	.078
Non-Utilization	.049	.041	.134
Problem Oriented	.053	.085	.107
P Value[1]	.0110	.0306	.2764

[1] P value for level of significance of the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 23 (CONT)

	6 Weeks	5 Months	12 Months
PRODUCTIVITY			
Open-Ended Interpretive	.065	.070	.318
Open-Ended Supportive	.014	.034	.126
Non-Utilization	.053	.034	.211
Problem Oriented	.058	.090	.363
P Value[1]	.1620	.0702	.3323
AFFECTION			
Open-Ended Interpretive	.004	.019	.048
Open-Ended Supportive	.011	.008	.022
Non-Utilization	.029	.022	.053
Problem Oriented	.031	.049	.113
P Value[1]	.2042	.0298	.0928
REGRESSION			
Open-Ended Interpretive	.002	.001	.006
Open-Ended Supportive	.000	.003	.006
Non-Utilization	.004	.005	.003
Problem Oriented	.000	.006	.007
P Value[1]	.3040	.7338	.9498

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 23 (CONT)

	6 Weeks	5 Months	12 Months
LAP			
Open-Ended Interpretive	.038	.013	.009
Open-Ended Supportive	.027	.033	.019
Non-Utilization	.017	.016	.029
Problem Oriented	.020	.023	.021
P Value[1]	.4768	.2385	.2405

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

Table 24

Showing Probability of Observed t Values for Treatment Group Comparison of Task Orientation Category Scores

(Only comparisons yielding a P value of .05 or less are shown.)

	N=22 6 Weeks	N=22 5 Months	N=19 12 Months
DISENGAGE			
Non-Utilization vs Open-Ended Interpretive	.000		
Non-Utilization vs Open-Ended Supportive	.016		
Non-Utilization vs Problem Oriented	.018		
DISRUPTION			
Open-Ended Interpretive vs Problem Oriented			.041
INTEREST			
Non-Utilization vs Open-Ended Interpretive	.031		
Problem Oriented vs Open-Ended Interpretive	.007		
Problem Oriented vs Open-Ended Supportive	.018		
Open-Ended Interpretive vs Supportive		.050	
Problem Oriented vs Open Ended Supportive		.034	
Open-Ended Interpretive vs Supportive			.009
PRODUCTIVITY			
Open-Ended Interpretive vs Supportive	.018		
Problem Oriented vs Open-Ended Supportive	.012		
Open-Ended Interpretive vs Supportive		.050	
Open-Ended Interpretive vs Non-Utilization		.027	

(Cont.)

Table 24 (CONT)

	6 Weeks	5 Months	12 Months
AFFECTION			
Problem Oriented vs Open-Ended Interpretive	.017		
Problem Oriented vs Open-Ended Supportive		.023	
REGRESSION			
No significant between-group difference			
LAP			
No significant between-group difference			

Table 25

Showing Average Public School Kindergarten Teacher Ratings at the June Assessment Point and Average Change Scores (June minus December) for Four Treatment Groups

N = 22

	Average June Rating	Average June minus December Change Score
I. Move into Classroom		
Open-Ended Interpretive	6.0	.417
Open-Ended Supportive	6.0	.600
No Treatment (San Pablo)	6.2	.500
Non-Utilization	4.8	-.800
P Value[1]	.4405	.6753
II. Contact with Other Children		
Open-Ended Interpretive	5.8	.000
Open-Ended Supportive	5.4	.200
No Treatment (San Pablo)	5.8	-.667
Non-Utilization	4.2	-1.200
P Value[1]	.2070	.3511

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 25 (CONT)

	Average June Rating	Average June minus December Change Score
III. **Positive Contact with Other Children**		
Open-Ended Interpretive	4.8	.250
Open-Ended Supportive	5.6	1.000
No Treatment (San Pablo)	4.5	-.667
Non-Utilization	2.8	-.800
P Value[1]	.0257	.0631
IV. **Intense Emotional Involvement with Children**		
Open-Ended Interpretive	4.2	-.917
Open-Ended Supportive	5.2	1.800
No Treatment (San Pablo)	4.3	-.833
Non-Utilization	5.4	.000
P Value[1]	.3794	.0026
V. **Cooperation-Leadership**		
Open-Ended Interpretive	4.0	-1.167
Open-Ended Supportive	5.4	1.600
No Treatment (San Pablo)	4.0	-.833
Non-Utilization	2.2	-.800
P Value[1]	.0072	.0735

[1] P value for level of significance the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 25 (CONT)

		Average June Rating	Average June minus December Change Score
VIa.	**Creativity/Self-Initiated Project**		
	Open-Ended Interpretive	3.5	-.583
	Open-Ended Supportive	5.0	1.000
	No Treatment (San Pablo)	5.0	-.500
	Non-Utilization	4.2	-.200
	P Value[1]	.2295	.2888
VIb.	**Attention-Involvement/Self-Initiated Project**		
	Open-Ended Interpretive	4.5	.083
	Open-Ended Supportive	5.2	1.000
	No Treatment (San Pablo)	4.2	-.667
	Non-Utilization	4.6	.400
	P Value[1]	.7388	.3483
VIc.	**Quality of Production/Self-Initiated Project**		
	Open-Ended Interpretive	3.8	.000
	Open-Ended Supportive	4.8	.800
	No Treatment (San Pablo)	4.2	-.667
	Non-Utilization	4.0	.000
	P Value[1]	.6946	.1931

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 25 (CONT)

	Average June Rating	Average June minus December Change Score
VIIa. Follows Instructions		
Open-Ended Interpretive	4.5	.333
Open-Ended Supportive	5.6	.200
No Treatment (San Pablo)	4.3	-1.167
Non-Utilization	4.2	-.400
P Value[1]	.5091	.4407
VIIb. Attention-Involvement/Teacher-Initiated Project		
Open-Ended Interpretive	4.8	.750
Open-Ended Supportive	5.2	1.000
No Treatment (San Pablo)	4.2	-.833
Non-Utilization	4.6	.600
P Value[1]	.7388	.1801
VIIc. Quality of Production/Teacher-Initiated Project		
Open-Ended Interpretive	3.8	.167
Open-Ended Supportive	4.8	.800
No Treatment (San Pablo)	4.3	-.500
Non-Utilization	4.0	.200
P Value[1]	.6692	.2845

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 25 (CONT)

	Average June Rating	Average June minus December Change Score
VIId. Creativity/Teacher-Initiated Project		
Open-Ended Interpretive	3.7	-.250
Open-Ended Supportive	5.0	1.200
No Treatment (San Pablo)	4.8	-.333
Non-Utilization	4.0	.200
P Value[1]	.3793	.3526
VIII. Aggression Modulation		
Open-Ended Interpretive	4.5	.167
Open-Ended Supportive	4.6	-.400
No Treatment (San Pablo)	4.5	.000
Non-Utilization	1.8	.000
P Value[1]	.0168	.9522
IX. Absence of Behavior Problem		
Open-Ended Interpretive	4.6	.000
Open-Ended Supportive	5.2	-.600
No Treatment (San Pablo)	4.0	-1.000
Non-Utilization	3.6	.000
P Value[1]	.3849	.3793

[1] P value for level of significance of the F ratio resulting from comparison of all treatment groups.

(Cont.)

Table 25 (CONT)

	Average June Rating	Average June minus December Change Score
X. Happy Affect		
Open-Ended Interpretive	4.8	.417
Open-Ended Supportive	5.8	.600
No Treatment (San Pablo)	5.5	.500
Non-Utilization	3.2	.000
P Value[1]	.0266	.9339
XI. Overall Adaptation		
Open-Ended Interpretive	4.2	.167
Open-Ended Supportive	4.6	.600
No Treatment (San Pablo)	4.2	-.500
Non-Utilization	3.0	-.200
P Value[1]	.3286	.6575
Total Score		
Open-Ended Interpretive	71.7	-.167
Open-Ended Supportive	83.4	11.400
No Treatment (San Pablo)	74.0	-8.167
Non-Utilization	60.6	-3.000
P Value[1]	.1246	.1316

1. P value for level of significance of the F ratio resulting from comparison of all treatment groups.

Table 26

Showing Probability of Observed t Values for Treatment Group Comparisons of Average Public School Kindergarten Teacher Ratings at the June Assessment Point and for Change Scores (June minus December)

(Only comparisons yielding a P value of .05 or less are shown.)

N = 22

	Average June Rating	Average Jun minus Dec Change Score
I. Move into Classroom		
No significant between-group difference		
II. Contact with Other Children		
Open-Ended Supportive vs Non-Utilization		.029
III. Positive Contact with Other Children		
Open-Ended Interpretive vs Non-Utilization	.031	
Open-Ended Supportive vs Non-Utilization	.010	
Open-Ended Supportive vs No Treatment		.037
Intense Emotional Involvement with Other Children		
Open-Ended Supportive vs Interpretive		.002
Open-Ended Supportive vs No Treatment		.004
Open-Ended Supportive vs Non-Utilization		.001
V. Cooperation-Leadership		
Open-Ended Interpretive vs Non-Utilization	.034	
Open-Ended Supportive vs Non-Utilization	.007	
No Treatment vs Non-Utilization	.034	

(Cont.)

Table 26 (CONT)

	Average June Rating	Average Jun minus Dec Change Score
V. Cooperation-Leadership (Cont.)		
Open-Ended Supportive vs Interpretive		.039
Open-Ended Supportive vs No Treatment		.019
VIa. Creativity/Self-Initiated Project		
No significant between-group difference		
VIb. Attention-Involvement/Self-Initiated Project		
No significant between-group difference		
VIc. Quality of Production/Self-Initiated Project		
Open-Ended Supportive vs No Treatment		.048
VIIa. Follows Instructions		
No significant between-group difference		
VIIb. Attention-Involvement/Teacher-Initiated Project		
No significant between-group difference		
VIIc. Quality of Production/Teacher-Initiated Project		
No significant between-group difference		
VIId. Creativity/Teacher-Initiated Project		
No significant between-group difference		
VIII. Aggression Modulation		
Open-Ended Interpretive vs Non-Utilization	.009	
Open-Ended Supportive vs Non-Utilization	.014	
No Treatment vs Non-Utilization	.016	

(Cont.)

Table 26 (CONT)

	Average June Rating	Average Jun minus Dec Change Score
IX. Absence of Behavior Problem		
Open-Ended Interpretive vs No Treatment		.042
X. Happy Affect		
Open-Ended Supportive vs Non-Utilization	.024	
No Treatment vs Non-Utilization	.020	
XI. Overall Adaptation		
No significant between-group difference		
Total Score:		
Open-Ended Supportive vs Non-Utilization	.027	
Open-Ended Supportive vs No Treatment		.049

Table 27

Showing Average Verbal, Performance, and Total I.Q. Scores Before and After Kindergarten for Open-Ended and Non-Utilization Treatment Groups

TREATMENT GROUP	BEFORE KINDERGARTEN	AFTER KINDERGARTEN
Open-Ended N = 6		
Verbal I.Q.	111.7	111.1
Performance I.Q.	109.5	122.5
Total I.Q.	110.7	118.8
Non-Utilization N = 5		
Verbal I.Q.	110.0	104.4
Performance I.Q.	108.0	110.0
Total I.Q.	104.0	107.8

PART VIII

APPENDICES

APPENDIX A

Ratings Summarizing Certain Aspects of the Child's Development in Day Care

Instructions to Rater: Carefully read the period analysis and the task orientation observations on the child to be rated. Confine yourself to the time span being considered; e.g., ratings made five months after entry take the first five months into account. Think of the categories as arranged along a dimension from adequate to less adequate development. Place each child in one of the 7 categories.

The ratings are not absolute but relative to the total group of children being studied and the child's own potential development.

A. The nature of the child's psychological move from the parents to a new involvement in the nursery school. This rating is relevant to the concept of individuation-separation. It is most likely to be seen in that part of the period analysis dealing with the daily entrance into the Center. The defined points are:

7. The child experiences feeling that he (or she) is cared for by his parents, can return for refueling, but limits latter to initial period of nursery school entry. The child forms or rather experiences a new and additional home base in relation to the teachers and this is gradually diminished in importance as he moves toward task and peer involvement.

6. -----

5 -----

4. The child experiences feeling that he is cared for, but this is threatened by some maternal ambivalence. He can eventually trust the total school as a home base, but only after a period of anxiety and reaching out for the previous main caretaker.

3. -----

2. -----

1. The child experiences great uncertainty in his home base and this is associated with difficulty in establishing trust in either a teacher or the school.

B. The nature of the child's peer relations. This is best defined by the Ana Freud Developmental Line relating to peer relations. The defined points are:

7. The child makes purposeful positive contacts, resorts to periods of defensive testing, but these lead ultimately to peer involvement, mutuality, assertiveness and even peer leadership.

6. -----

5. -----

4. Purposeful positive contacts are made and persisted in, but they alternate with periods of withdrawal and passivity and the ultimate mutuality is limited.

3. -----

2. -----

1. The contacts attempted by the child are predominantly of a negative, provocative sort and/or the child remains isolated from peers.

C. The nature of the child's task orientation. This is defined in many places but emphasized here is the involvement in both self-selected and group structured tasks. The defined ratings are:

7. The child moves from and adds to self-selected activities - e.g., tricycle, blocks, doll corner - increasing engagement and persistence in these and then engagement in and contribution to tasks structured by teacher.

6. -----

5. -----

4. The child's involvement in self-selected tasks is considerable, but largely dependent on adult approval and/or somewhat isolated. By the end of the five month period he can engage in structured group activities even though he makes very few positive contributions.

3. -----

2. -----

1. The child is involved in self-selected activities, shows some persistence, but is limited in variety and dependent on external approval. Initial engagement in structured group activity is followed by disruption of the group.

D. The nature of the child's modulation of aggression. Are the verbal assertive derivatives developed or is the picture one of extremes of aggressive outbursts or the repression of aggressive affects. The defined ratings are:

7. Aggression well modulated: Neither excessively expressed or inhibited. Appropriate assertiveness and socially appropriate inhibition is present. Next to no evidence of need for conflict resolution related to aggressive derivatives.

6. -----

5. -----

4. Aggressiveness modulated in context of considerable inhibition and turning of aggression inward. There are infrequent outbursts, no striking masochism, but assertiveness is limited.

3. -----

2. -----

1. Aggression expressed in direct, severe and provocative form. Reaction of environment has masochistic consequences for the child as have other actions, such as falling down and hurting himself. Aggression may also be completely inhibited or there is an extreme fluctuation between outburst and inhibition.

E. The nature of the child's general adaptation. Considering all aspects of the child's development, what is the balance of progressive over regressive trends. Include specifically how this relates to the child's adaptation in the Center and the home.

7. The progressive over regressive trends are consistent with the potential of the child and what one would expect at this age level.

6. ----

5. ----

4. The progressive trends outweigh regressive ones but are not consistent with the potential and age level of the child.

3. ----

2. ----

1. The regressive trends and associated arrests and fixation points outweigh progressive trends.

APPENDIX B

MANUAL DEFINING PARENT-CHILD RATINGS

I. The quality and quantity of the parent's affection for and liking for his child. Warmth has also been used to refer to this dimension. It involves the love and compassion for the child as expressed in a variety of ways.

(7) Parent has and shows intense affection and liking for child.

(6)

(5)

(4) Parent has and shows moderate liking and affection for child; no signs of rejection.

(3)

(2)

(1) Parent has little basic liking for child; indications of rejection are evident.

II. The extent of time and energy that the parent has available for his child. Although related to affection and liking, it is important to describe just how often the parent is affectionate and available.

(7) Parent is psychologically available to the child a great deal of the time; e.g., 4 - 6 hours.

(6)

(5)

(4) Parent is psychologically available for a moderate amount of time; e.g., 1 - 2 hours.

(3)

(2)

(1) Parent is hardly ever psychologically available to the child for any length of time.

III. The parent's capacity to maintain an organized and environmental sequence. Even if affectionate and capable of setting limits, can the parent organize an effective set of routines to which the child can adapt?

(7) Parent has developed an organized sequence for child without being extremely rigid.

(6)

(5)

(4) Parent has developed moderate amount of organization in regard to meals, sleep, etc.

(3)

(2)

(1) Parent has developed next to no organized routine in even such matters as mealtime and sleep.

IV. The clarity with which the parent defines his availability. The parent may be affectionate and spend considerable time with the child, but the child is often uncertain as to just when he can expect the parent to be available.

(7) Parent has given child very clear concept of when to expect him or her. The availability can be counted on.

(6)

(5)

(4) Parent has given child moderate certainty as to when he or she is available.

(3)

(2)

(1) Parent has given child little certainty as to when he or she is available.

V. The extent and consistency of the limits set by the parent. Can the parent confront the child's challenge of power and manipulation in order to insure consistent directives?

(7) Parent consistently follows through on the limits set. Consistency rather than the number of limits should be judged.

(6)

(5)

(4) Parent is moderately consistent; there are several instances of a lack of follow through.

(3)

(2)

(1) Parent tends to be very inconsistent; sometimes following through and sometimes not, or never following through at all.

VI. The standards set and the sanctions used by the parents in regard to the areas listed below. It is important to recognize that certain sanctions work best for a given child. Where the parent expects greatest compliance with standards, these sanctions will be used with insistence. Make a rating for each area.

a) Aggression control
b) Cleanliness
c) Self-reliance
d) Adult role behavior
e) Achievement in preacademic areas

(7) Standards set are high and strong sanctions are used to enforce standards.

(6)

(5)

(4) The combination of standards and sanctions used are moderate.

(3)

(2)

(1) The total impact of standards and sanctions used is minimal. The parents exercise little control in this area.

VII. The extent of clarity in parent-child communication. To what extent does the parent use reason to persuade, encourage verbal give-and-take and, in general, openly confront issues?

(7) The clarity of communication between parent and child is high. That communication may involve verbal expression but need not be confined to that mode.

(6)

(5)

(4) There is a moderate amount of communication around issues involving parent and child.

(3)

(2)

(1) There is little clear communication around issues of importance to parent and child. The child feels he or she can't make herself or himself understood.

VIII. The extent of the parent's active instruction. How effectively does the parent instruct the child in large motor skills, in fine perceptuomotor skills, and in conceptual distinctions such as word meaning and naming of objects?

(7) The parent engages in much instruction of the child and is definitely oriented to having the child learn.

(6)

(5)

(4) There is a moderate amount of instruction.

(3)

(2)

(1) The parent engages in next to no explicit instructions even though they may value such instruction.

IX. The manner and extent to which the parent encourages the child to move toward new experiences and relationships. Does the parent provide the type of support and planning that is likely to lead to a sense of pleasure and competence in the new experiences? Does the parent give the psychological permission to move out from herself or himself? Or are there signs that communicate that the child must remain as psychologically close as previously and nothing should change?

(7) Parent encourages new experiences through helpful planning and does not insist on the maintenance of the previously existing psychological interrelationships.

(6)

(5)

(4) Parent encourages some new experiences but in other instances either through inadequate planning or maintenance of the previously existing relationships, does not permit new experiences.

(3)

(2)

(1) Parent seldom encourages new experiences in relationships. No adequate planning and/or keeps the child in previous relationship.

X. The frequency with which the parent is involved in a conceptual exchange with the child. How often does the parent read to the child, tell him a story, and talk to him in the sense of giving and seeking information?

(7) Parent talks to the child a great deal in the sense of giving and seeking information and/or reads a great deal to the child.

(6)

(5)

(4) Parent sometimes talks to and/or reads to child in information-concept areas.

(3)

(2)

(1) Parent seldom has conceptual exchanges and/or periods of reading. It is quite possible that effective communication nevertheless occurs.

APPENDIX C

CHILDREN'S RATING SCALES

I. Nature of the child's move into the classroom.
This is most likely to be seen at the daily entrance into the classroom but may be revealed at other points during the day.

7. The child moves easily into the classroom setting, showing no anxiety over leaving the parents or entering a new situation.

6.

5.

4. The child feels comfortable in school and with the teacher for the most part although occasional signs of longing for the parent have been evident.

3.

2.

1. The child has great difficulty in being away from the "home base" and does not trust the teacher or school to provide him with a feeling of security and comfort in place of the parental home and contacts.

II. The degree of the child's contact with other children.

7. Given the opportunity, he is almost always doing something with other children.

6.

5.

4. There is an average amount of contact with other children while at other times he will do things by himself and/or try and relate to the teacher.

3.

2.

1. He is rarely, if ever, doing something with other children and is usually isolated and self-preoccupied or constantly with the teacher.

III. The positive/negative emotional nature of the child's contacts with other children.

7. Almost always positive, friendly, warm, happy, comfortable.

6.

5.

4. Contacts will fluctuate so that there will be approximately equal amounts of positive as well as negative contacts.

3.

2.

1. Usually negative, aggressive, cold, hostile, unfriendly.

IV. Degree of child's emotional involvement with other children.
Here we are concerned with the intensity of the child's feelings expressed towards his peers, (be these feelings positive or negative) and his emotional involvement with them.

7. Very strong and extremely emotionally involved.

6.

5.

4. Feelings expressed towards peers are of moderate intensity and degree of emotional involvement with peers is average.

3.

2.

1. There is but a minimal amount of emotional involvement with the other children. Even though they may be playing together, their emotional involvement has a flat quality as if the contact is of little importance to them.

V. Cooperation, leadership and following behavior.
This refers to the kind of play/behavior that the child engages in with his peers.

7. Play with peers is a sharing experience in which the child contributes ideas and leads assertively but can also be an appropriate follower and let another child take charge.

6.

5.

4. There is an average amount of vacillation between the "mature" kind of attitude reflected in #7 and the quality described under #1.

3.

2.

1. Play with peers is almost always either (a)as a follower, and never "taking charge" himself or (b)almost always as the leader in terms of not being willing to relinquish power and leadership to others (if you score 4,3,2 or 1 also indicate whether the (a)all follower, or (b)all leader quality is applicable).

VI. Extent to which child works well on projects by himself which he has initiated:
(includes play, academic work, etc. could be almost any kind of "project".)

(a) Creativity

7. Highly creative, thinks of new things on own, takes things he's learned and adds his own creative variations.

6.

5.

4. Is often moderately creative, tends to rely on ideas garnered from teachers and peers (in addition to repeating activities of teachers and peers in order to master them.)

3.

2.

1. Plays and works unimaginatively, (e.g. only copies productions of other children or duplicates things shown by teacher - even once he has learned how to do whatever it is he is imitating).

(b) Attention span and involvement

7. Concentrates totally on tasks for as long as is necessary to complete.

6.

5.

4. Moderate attention span and involvement.

3.

2.

1. Never stays with anything for more than a few moments and doesn't seem involved even when he is working on something.

(c) Quality of production (when applicable)

7. Extremely good, significantly above level one would expect at that age.

6.

5.

4. Moderately good - at age and grade level expectancy.

3.

2.

1. Extremely poor (note: can occur even with high creativity and good attention span involvement) - substantially below age and grade level expectancy.

VII. Extent to which child works well on projects by himself which teacher has initiated.

(a) Ability to follow instructions

7. Always does just as is told.
6.
5.
4. Does as is told about 1/2 the time.
3.
2.
1. Doesn't follow directions

(b) Attention span and involvement

7. Concentrates totally on tasks for as long as is necessary to complete.
6.
5.
4. Moderate attention span and involvement.
3.
2.
1. Never stays with anything for more than a few moments and doesn't seem involved even when he is working on something.

(c) Quality of productions

7. Extremely good, significantly above level one would expect at that age.
6.
5.
4. Moderately good - at age and grade level expectancy.
3.
2.
1. Extremely poor (note: can occur even with high creativity and good attention span involvement)-substantially below age and grade level expectancy.

(d) When creativity is appropriate within the context of following directions:

7. Adds own creative touches.

6.

5.

4. Is modestly creative with guidelines set by teacher.

3.

2.

1. Does just as is told and does not deviate in any way or add anything of own.

VIII. How does the child deal with his aggression.

7. Aggression is under appropriate control in that it is not excessively expressed or inhibited. There is appropriate assertiveness and socially appropriate inhibition.

6.

5.

4. There are few aggressive outbursts, however, assertiveness is limited.

3.

2.

1. Aggression is expressed in direct, severe and provocative form. Can be seen in terms of direct physical or verbal attacks on other children and/or a tendency for the child to direct his aggression towards himself (e.g. falling and hurting himself frequently or making frequent and severe self-deprecatory remarks.)

IX. Behavior

7. Always listens, is never a behavior problem, does as is told and does not "act up".

6.

5.

4. Fluctuates between "good" behavior and "being a problem".

3.

2.

1. Seems like is almost always causing trouble in some way or another.

X. Affects

7. Usually happy and seems comfortable.

6.

5.

4. Moods will vary relatively equally between happy and unhappy and anxious.

3.

2.

1. Usually unhappy, anxious, seems like something's always bothering him (may also be seen in a child who's trying to act happy but is covering up.)

XI. Rate overall adjustment

7. As good as it could possibly be

6.

5.

4. On a par with the average child.

3.

2.

1. As bad as one could imagine.

APPENDIX D

CHILD-PARENT INTERACTION:
PROCEDURES AND RATINGS

The following is a detailed description of a Child-Parent Interaction Assessment which is a modification of the Marshak Interaction Method (M.I.M.), (Marshak, M.,1960). A structured interview using the instructions detailed below is given by an experienced child observer to the parent and the child to elicit their behavioral and verbal interaction responses. The interviews are given at each of the cross-sectional points in time (entry, 6 weeks, 5 months, 12 months and 24 months) and are rated on the forms which are part of this appendix.

I. PROCEDURES FOR ASSESSMENT OF CHILD-PARENT INTERACTION.

The observer gives the following verbal instructions during the course of the 30-40 minute observation period:

A. Block Building Interaction.

The child is given ten (10) blocks and is instructed to give half to the parent. Then the child is instructed to build whatever structure he/she wishes. The parent is instructed to build a structure identical to the child's structure with or without the child's assistance.

B. Drawing Interaction.

The child is given three (3) sheets of unlined paper and a set of crayons and a parent is given two (2) sheets of paper and a set of felt water color pens. They are left free to interchange and to use the colors and pens in any way they wish. First, the twosome is instructed to draw exactly the same thing with the child's drawing as the format, i.e., the parent is instructed to copy whatever the child draws. After giving the first set of pictures to the observer, the parent and the child are instructed to draw whatever each wishes to draw. In addition, at this point, they are given the option of not drawing anything. These drawings are also given to the observer upon completion. The child has a third sheet of paper to use as he/she wishes.

C. Brief Separation and Reunion.

The parent is instructed to take leave from the child and return after three to five (3 - 5) minutes while the observer remains with the child.

D. Lap and Story Interaction.

Upon return the child and parent are given the choice of telling each other stories. The child is told that he/she may sit on the parent's lap if desired and it is left up to the child as far as who is first to tell the story. The child is told he/she does not have to tell a story.

E. Ending the Interaction.

Finally, the child and parent are told that the interview is over and the child is asked to return to his/her activities in the Children's Center. The parent is then given an opportunity to express any particular views of the interaction he/she might have, or any overall impressions about their situation they might have.

II. MANUAL DEFINING PARENT-CHILD RATINGS

In your evaluation, place child and parent in the range of normal children and parents. Refer to behavior during session, not to potential for behavior.

Circle the number you choose:

1. very low--absent
2. low
3. moderately low
4. moderate
5. moderately high
6. high
7. very high

PARENTAL CHARACTERISTICS:

A. Parent's Affective Relationship with Child.

1. Warmth in relating to child

a) warmth as sensed	1	2	3	4	5	6	7
b) warmth as expressed	1	2	3	4	5	6	7
c) "therapeutic" warmth expressed; "putting on" warmth as beneficial to child and/or as approved by audience; making a conscious effort to be warm.	1	2	3	4	5	6	7

2. Negative feelings (irritation, hostility)

a) as sensed	1	2	3	4	5	6	7
b) as expressed	1	2	3	4	5	6	7

B. Parent's Responsiveness to Child.

1. Responsiveness, as an adult, to awareness of child's feelings (empathy) responsiveness to shift in child's mood.	1	2	3	4	5	6	7
2. Appropriate helping pattern; neither excessive offering nor excessive withholding of help.	1	2	3	4	5	6	7

C. Parent's aspiration for child's achievement, even beyond his capacity.

1. As conveyed by parent's overt directions and responses to child's performance	1	2	3	4	5	6	7
2. As sensed (inferred)	1	2	3	4	5	6	7

D. Parent's participation

1. Parent's tendency to share an activity, to work and play with child, seen by overt actions and words. 1 2 3 4 5 6 7

2. Parent's tendency to share the child's feelings. 1 = minimal; 7 = excessive 1 2 3 4 5 6 7

3. Parent's tendency to regress (1 = parent always an adult; 7 = parent mostly "a child.") 1 2 3 4 5 6 7

E. Parental Control

1. Overt attempt to curb, influence, evaluate, setting rules, restricting. 1 2 3 4 5 6 7

2. Effectiveness of control (gaining child's cooperation without overt demands). 1 2 3 4 5 6 7

F. Parental Clarity

1. Parent explains each task, conveys directions clearly, models distinctly in imitation tasks. 1 2 3 4 5 6 7

2. Habitual awareness of own wants and values 1 2 3 4 5 6 7

3. Habitual sureness of own actions. 1 2 3 4 5 6 7

G. Parental Spontaneity

1. Casualness, playfullness; initiating activity or gestures not prescribed by task 1 2 3 4 5 6 7

H. Parental Consistency. Persistent adherence to a particular course of action or expression of feeling, as observed. 1 2 3 4 5 6 7

I. Overall Evenness of Behaving and Expression of Feeling. 1 = extremely uneven; 7 = extremely even 1 2 3 4 5 6 7

J. Parent's Sense of Self

1. Parent's concern with appearing in front of an audience. 1 2 3 4 5 6 7

2. Self consciousness, uneasiness, embarrassment 1 2 3 4 5 6 7

3. Concern with own achievement on tasks. 1 2 3 4 5 6 7

4. Parent's concern with appearing as a "good parent". 1 2 3 4 5 6 7

5. Parent's concern with own role in developing child's ego functiong 1 2 3 4 5 6 7

K. Parent's Ego Strength

1. Capacity to control impulses 1 = lack of control; 7 = excessive control 1 2 3 4 5 6 7

2. Self-esteem (satisfaction with self) self confidence 1 2 3 4 5 6 7

L. Parent's Enjoyment of Child

1. Having fun together with child 1 2 3 4 5 6 7

2. Amused by child 1 2 3 4 5 6 7

3. "Lost" in child, absorbed by love feelings 1 2 3 4 5 6 7

4. Proud of child; happy with child's achievement

a) as sensed 1 2 3 4 5 6 7

b) as expressed 1 2 3 4 5 6 7

CHILD'S CHARACTERISTICS:

A. Child's Affective Relationship with Parent

1. Warmth in relating to parent

a) as sensed 1 2 3 4 5 6 7

b) as expressed 1 2 3 4 5 6 7

2. Negative feelings (anger, hostility)

a) as sensed 1 2 3 4 5 6 7

b) as expressed 1 2 3 4 5 6 7

B. Child's Responsiveness to Parent's Feelings; Responsiveness to Shift in Parent's Mood. 1 2 3 4 5 6 7
1 = minimal; 7 = excessive

Child's Characteristics (Cont)

C. Child's Quest for Parent's Help

1. Child's desire for parent to help him with his tasks or take over for him when help is not needed. 1 2 3 4 5 6 7

2. Child's readiness to ask for and accept help when help is needed. 1 2 3 4 5 6 7

D. Child's Control over Parent

1. Taking the lead directing task. 1 = no attempt to lead; 7 = frequent attempts to lead 1 2 3 4 5 6 7

2. Pouting in order to get his own way, whining, pretending to be upset. 1 2 3 4 5 6 7

3. Effectiveness of control (Parent swayed by child, by methods1, 2 above, or others) 1 2 3 4 5 6 7

E. Child's Imitation. Child's tendency to replicate parent's intention, words, gestures, facial expressions:

1. As prescribed by imitation tasks 1 2 3 4 5 6 7

2. Outside imitation tasks. 1 2 3 4 5 6 7

F. Child's Participation

1. Child initiates interaction and/or affectionate exchange with parent, attempts to share in parent's activity. 1 2 3 4 5 6 7

2. Readily responds to interaction, and/or affectionate exchange initiated by parent, prescribed or not by the task. 1 2 3 4 5 6 7

G. Child's Spontaneity, Playfulness, Flexibility 1 2 3 4 5 6 7

H. Child's Involvement in his Performance

1. General interest (involvement) in task 1 2 3 4 5 6 7

2. Concern with a good performance 1 2 3 4 5 6 7

I. Child's Autonomy (adaptive independence, self-sufficiency

1. Child acts independent of parent's directions or activity, yet meaningful, constructive. 1 2 3 4 5 6 7

I.	Child's Autonomy (Cont)							
2.	Child expresses appropriate affect independent of parent's mood	1	2	3	4	5	6	7
3.	Child's quest for parent's attention while doing his task	1	2	3	4	5	6	7
J.	Child's Independence (nonadaptive)							
1.	Child acts independent of parent's directions or activity but in a seemingly meaningless or bizarre, or self-absorbed fashion.	1	2	3	4	5	6	7
2.	Lack of, or inadequate and inappropriate expression of affects	1	2	3	4	5	6	7
K.	Child's Consistency. Appropriate adherence to an activity.	1	2	3	4	5	6	7
L.	Overall Evenness of Behaving and Expression of Feelings. (moderate, not extreme, variations)	1	2	3	4	5	6	7
M.	Child's Ego Strength.							
1.	Capacity to control impulses, in an adaptive, socialized manner; ability to postpone gratification. (1 = lack of control; 7 = excessive control)	1	2	3	4	5	6	7
2.	Self-esteem (satisfaction with self)	1	2	3	4	5	6	7

Judging some Aspects of Child's Behavior (Please underline the words you choose):

Which words describe best his movements?	Sluggish, measured, unhurried, slow, swift, hasty, rapid, jerky, tense, tight, restrained, loose, relaxed, restless, well-coordinated, uncoordinated, energetic. Others:
How much and what kind of effort does he expend?	Very little, little, moderate, a great deal, Others:
How did he react typically to a new task?	Discontinues previous task immediately, continues with previous task (dawdles, refuses, complains), accepts new task in matter-of-fact way. Excited, afraid, eager, joyful, bored, uninterested, interested, indifferent. Otherwise:

Judging some aspects of child's behavior. (Cont)

Which activity did he seem to enjoy: Most: Least:

For the following two categories, circle the number which best represents the child's:

Enjoyment of Session: 1. Excessively ("wound up", over-excited, etc.)
2. Very Little; 3. Little; 4. Moderately;
5. Great Deal.

Reaction to Separation: 1. Somewhat Affected; 2. Somewhat Upset;
3. Upset; 4. Very Upset; 5. Indifferent.

APPENDIX E

DESCRIPTION OF THE "SPATIAL CONCEPTION TESTS"

I. STEREOGNOSTIC RECOGNITION OF OBJECTS AND SHAPES

This test consists of three phases or parts. The following is a detailed description of the materials used and the method of presentation of the three parts of the test.

A. Material

1. First Phase

Eleven common objects: comb, key, wooden block, penny, safetypin, ball, pencil, pair of scissors, spoon, button, glass; one card (see Figure I) picturing all objects (20 x 20 cm); one rectangular piece of cardboard (28 x 36 cm.), as a screen.

2. Second Phase

Twenty-four shapes cut from stiff cardboard, two of each of 12 shapes: square, disk with one hole, closed ring, irregular cross, triangle, open ring, rectangle, Greek cross, circle, open rectangle, four-cornered star, disk with two holes (see Figure 2, p. 9); one card picturing all 12 shapes (20 x 20 cm.); one rectangular piece of cardboard (28 x 36 cm.).

3. Third Phase

Twenty-four shapes cut from stiff cardboard, two of each of 12 shapes: circle, Maltese cross, square, ellipse, four-cornered star, rectangle, triangle, irregular quadrilateral, Greek cross, trapezoid, six-cornered star, rhombus (see Figure 3, p. 10); one card picturing all 12 shapes (20 x 20 cm.); one rectangular piece of cardboard (28 x 36 cm.).

B. Instructions

1. First Phase (recognition of common objects)

Place the rectangular piece of cardboard, which will serve as screen during the entire test, vertically on the table in front of the child. Then say:

> We're going to play a game with this. Listen carefully, you must stay behind it and you must not look. You just have to put your hands on the other side, like this (take the child's hands and place them behind the screen). All right, now I'm going to put things in your hands and then you try to tell me what they are. You are going to tell me what they are only by touching them with your hands. You are going to touch them, and then you are going to find what they are.

a. First Trial

Put the comb in the child's hands, making sure that he does not see it beforehand, then say:

> Okay, what is it? Can you tell what it is?

Note the child's response and also indicate how he manipulates the object (passive or active exploration). Even if the response is not the correct one, remove the object immediately and keep it hidden from the child's view. Present each of the objects to him in this way, in the following order: key, wooden block, penny, safety pin, ball, pencil, pair of scissors, spoon, button, glass. Ask him each time:

> What is that? Try to tell by touching it with your hands. Don't look; find it only with your hands.

Note the child's response each time and indicate how he manipulates the object. Do not make any correction if the child makes a mistake. If the child correctly recognizes the whole series of objects, then proceed at once to the second phase. If the child makes one or several mistakes go on to the second trial.

b. Second trial

Leave the screen in front of the child and say:

> We are going to change our game a little bit now. Look, I have here a pretty picture with all kinds of things on it (show the child the card on which all the common objects are pictured). You see, there are pretty things drawn in the picture: Okay, now I am going to put something in your hands again, and then you are going to try to find a thing just like it in the picture.

Then put the comb in the child's hands and say:

> Okay, take this in your hands, don't look, and try to find the same thing that you have in your hands on the card. What do you have in your hands? Is there something just like it in the picture? Show it to me.

Note carefully the child's response and indicate how he handles the object (passive or active exploration). Even if the response is not the correct one, remove the object immediately and keep it hidden from the child's view. Present him with each of the objects successively in this way, in the following order: spoon, pencil, glass, safety pin, wooden block, penny, key, ball, pair of scissors, button. Ask each time:

> What is that? Is there something just like it in the picture? Show it to me.

Note the child's response each time and indicate how he handles the object. Make no corrections if the child makes mistakes. Then go on to the second phase of the test without any further trials.

2. Second Phase (recognition of shapes of a topological character)

Show the child the card representing all 12 shapes and say:

> Look at this picture; there are many drawings on it. We are going to play the same game as before. You are going to stay behind this again so you can't see (put the screen vertically in front of the child), then you are going to put both hands on the other side, just the way you did before (take the child's hands and place them behind the screen). I am going to put things in your hands and then you will show me things just like them in the picture. You are only going to touch them, you are going to tell me what they are only by touching them with your hands; then you are going to show me the ones just like them in the picture.

a. First Trial

Put the square in the child's hands, making sure that he does not see it beforehand. Then say:

> Okay, hold that. What is it? Is there something like it in the picture? Show it to me.

Note the child's response and indicate also how he handles the object (active or passive exploration). Even if the response is not correct, remove the object immediately and keep it hidden from the child's view. Then, present him with each of the shapes in the same way, successively and in the following order: disk with one hole, closed ring, irregular cross, triangle, open ring, rectangle, circle, Greek cross, open rectangle, four-cornered star, disk with two holes. Ask each time:

> What is it? Is there something just like it in the picture? Show it to me.

Note the child's response each time and indicate also how he handles the object. Make no corrections if the child makes mistakes. If the child correctly recognizes the whole series of shapes, then go to the third phase immediately. If the child makes one or several mistakes, then go on to the second trial.

b. Second Trial

Remove the card and replace it with the second set of shapes. Arrange these shapes exactly as they are on the card. Leave screen in front of the child and say:

> Now, we're going to change our game a little bit. You see, I have put all this on the table. I'm going to put some things in your hands again. You are going to tell me what they are without looking and then you are going to show me if there is something just like them on the table.

Put the square in the child's hands and say:

> Okay, take this and try to find something just like it. What do you have in your hands? Is there something just the same on the table? Where is it? Show it to me.

Note the child's response and indicate also how he handles the object (active or passive exploration). Do not let the child handle the objects which are on the table. Ask him only to point to them with his finger. Even if the response is not correct, immediately remove the object touched and keep it hidden from the child's view. Present him with each of the objects successively in the same way, in the following order: open rectangle, closed ring, triangle, disk with two holes, open ring, four-cornered star, disk with one hole, irregular cross, rectangle, circle, Greek cross. Ask him each time:

> Okay, take this in your hands, don't look, and try to find the same thing on the table as you have in your hands. Show me the same things on the table.

Note the child's response each time and indicate also how he manipulates the object. Make no corrections if the child makes mistakes. Then go on to the third phase of the test without any additional trials.

3. Third Phase (recognition of shapes of a Euclidian character)

Present the card picturing all 12 shapes to the child and proceed in exactly the same way as in the second phase.

In the first trial, present the shapes in the following order: circle, Maltese cross, square, ellipse, four-cornered star, rectangle, triangle, irregular quadrilateral, Greek cross, trapezoid, six-cornered star, rhombus.

In the second trial, present the shapes in the following order: *circle*, *triangle*, *square*, *Maltese cross*, *rectangle*, *six-cornered star*, *trapezoid*, *Greek cross*, *ellipse*, *four-cornered star*, *rhombus*, *irregular quadrilateral*.

COMMON OBJECTS

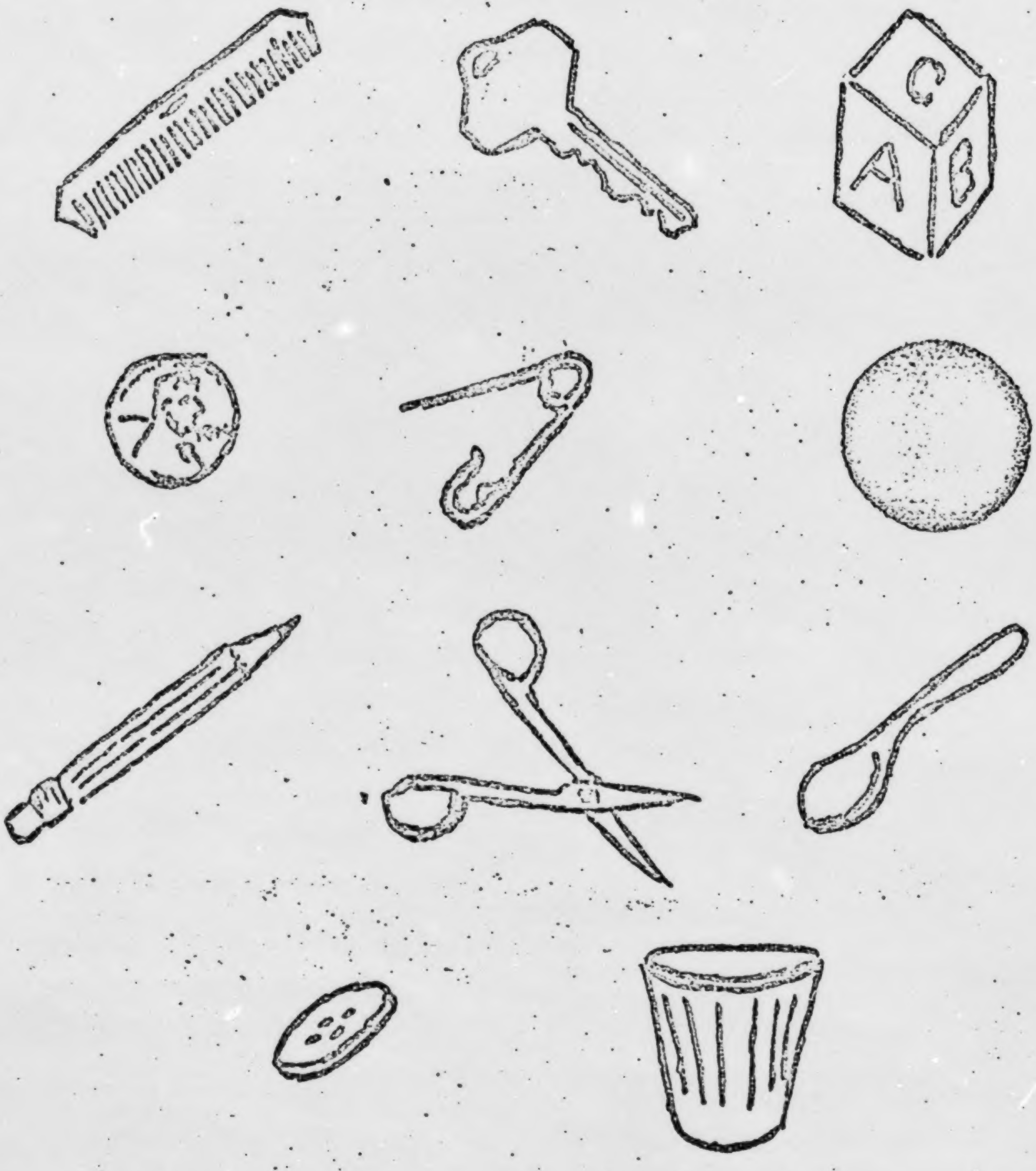


FIGURE 1. Common objects used in the stereognostic recognition of objects and shapes test.

FIRST SERIES

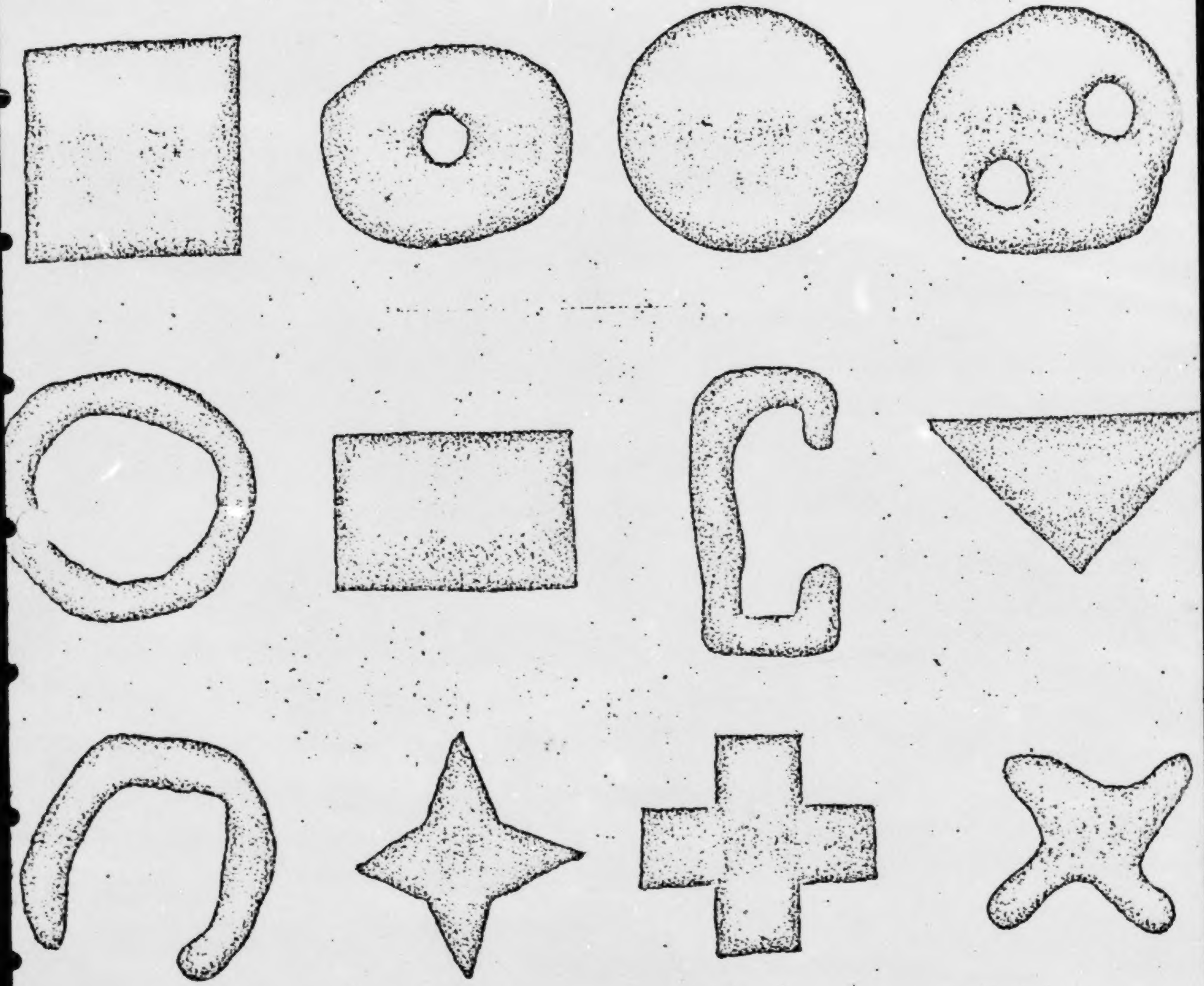


FIGURE 2. Shapes used in the stereognostic recognition of objects and shapes test. Dimensions are proportional to those of the circle (diameter: 7.5 cm.).

SECOND SERIES

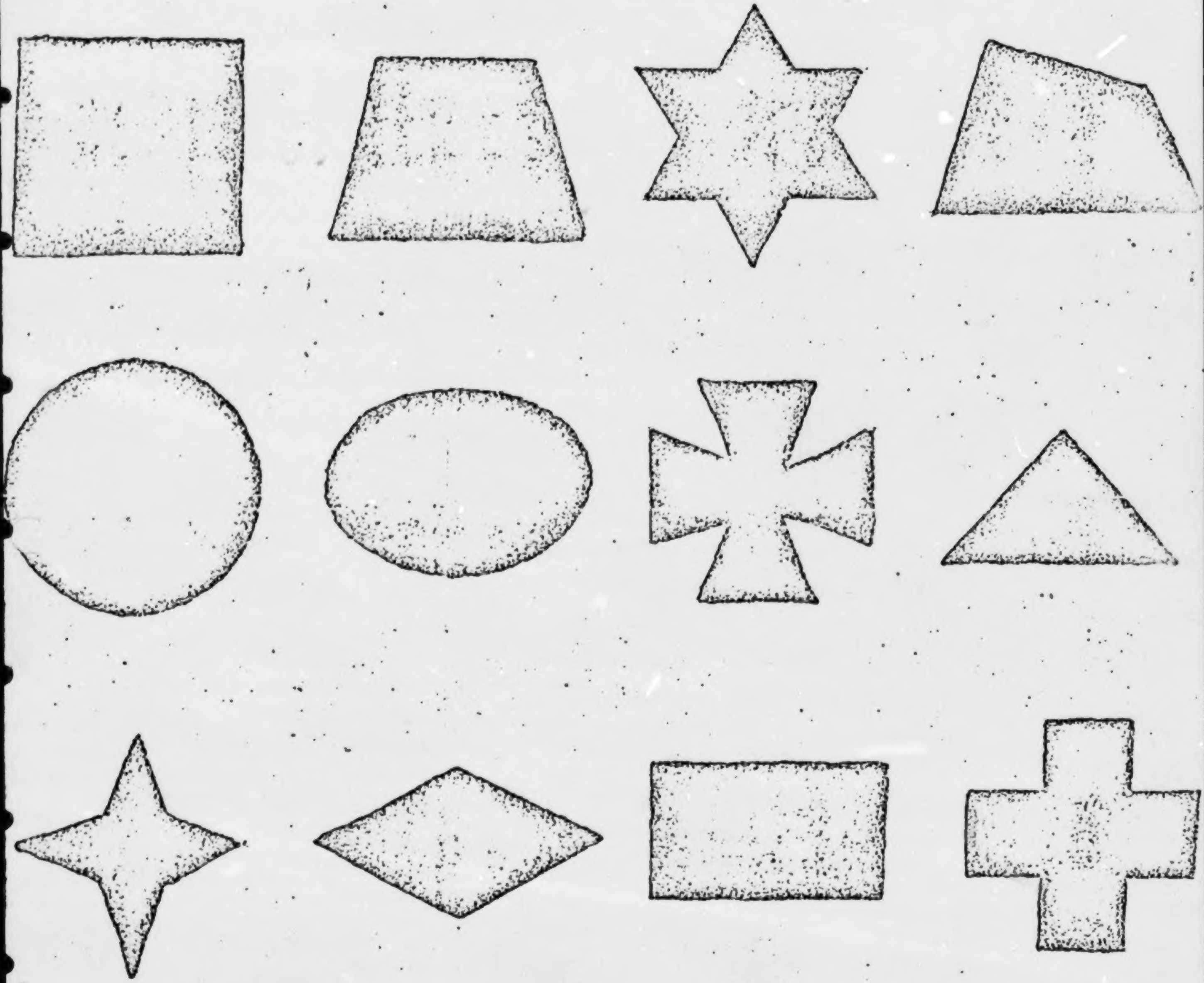


FIGURE 3. Shapes used in the stereognostic recognition of objects and shapes test. Dimensions are proportional to those of the circle (diameter 7.5 cm.).

II. CONSTRUCTION OF A PROJECTIVE STRAIGHT LINE

A. Material:

Eight miniature lamp-posts (8 cm. high); two toy houses (1.5 x 2 cm. at the base); one rectangular piece of cardboard (26 x 35 cm.); one circular piece of cardboard (diam.: 40 cm.).

B. Instructions:

Problem 1.

Place on the table within the reach of the child the rectangular cardboard, the two houses and the eight lamp-posts, saying:

> Now we're going to play another game. See this (the cardboard) is a field. In the field, I place two houses (put them on the cardboard as in Section 1 of Figure 5, p. 20). Now, we have to put the "lights" between the two houses. The lights are here (point to the lamp-posts). Do you know what a straight line is? Okay, look (draw a straight line in pencil on a piece of paper), this is a straight line, a straight road. And this (draw a curved line), is this a straight line? And this (draw a crooked line), is this a straight road?
>
> Now, you know what a straight line or a straight road is (explain further, if necessary, the difference between a straight line, or a straight road, and a curved, crooked, zigzag, etc. line or road). Okay, now you are going to put the lights between the two houses. But pay close attention: You must make a row (line, road, etc.) that is very straight, a row that starts at one house and makes a very straight road to the other house. Put them here, between the two houses, and arrange all the lights to make a very straight row.

Do not trace the straight line between the two houses with the finger. Make sure that the child understands the instructions, and repeat them when necessary. Let the child work and do not stop him if he makes a mistake. Note carefully in what order and where the child places his lampposts. When the child is finished, whether he has succeeded or not, ask him:

> Are you finished? Is your row of lights very straight? Are you sure it isn't bent anywhere?

Note his response and his corrections if he makes any. Then go on to Problem 2 without any further trials.

Problem 2.

Dismantle the line which the child made, put all the lamp-posts back together, beside the cardboard, and say:

> Now, you are going to make another nice line with the lights. See, I am putting the houses here (arrange them as in Section 2 of Figure 5, p.20). Okay, now the houses are further apart. But you must still arrange the lights and make a very straight path up to the other one. Do just as before, make a nice straight line with the lights.

Do not trace the straight line between the two houses with the finger. Make sure that the child understands the instructions, and repeat them when necessary. Let the child work and do not warn him if he makes a mistake. Note carefully in what order and where the child places his lamp-posts. When the child has finished, whether he has succeeded or not, ask him:

> Are you finished? Is your row of lights very straight? Are you sure it isn't bent anywhere?

Note his response and his corrections if he makes any. Then go on to to Problem 3 without any further trials.

Problem 3.

Dismantle the line the child has made, put all the lamp-posts back together beside the cardboard, and arrange the houses as in Section 3 of Figure 5. Then proceed as in Problem 2.

Problem 4.

Dismantle the line the child has made, put all the lamp-posts back together, then replace the rectangular cardboard with the circular cardboard. See that the cardboard projects about 10 cm. over the edge of the table (See Figure 6, p.21). Arrange the houses as in Section 4 of Figure 5 and then proceed exactly as in Problem 2.

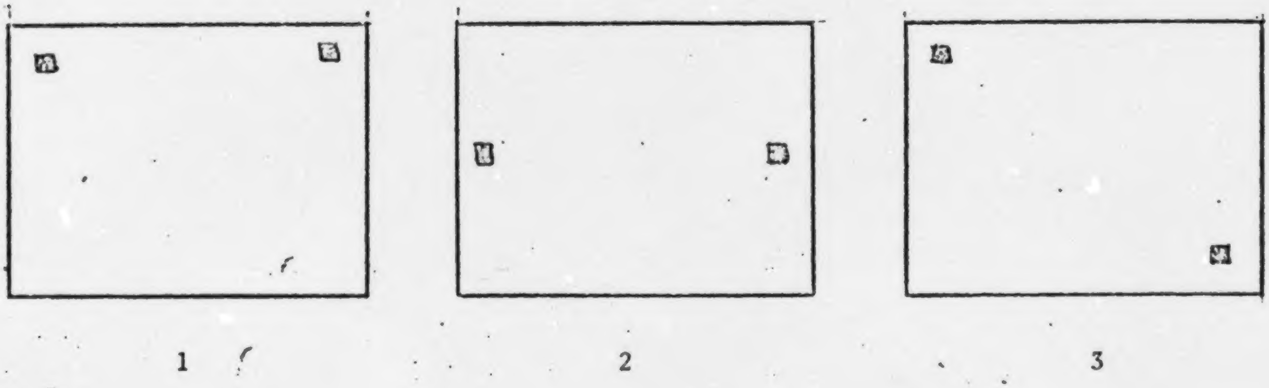
Problem 5.

Dismantle the line which the child has made, put all the lamp-posts back together beside the cardboard, and arrange the houses as in Section 5 of Figure 5. Then proceed exactly as in Problem 2.

Problem 6.

Dismantle the line which the child has made, put all the lamp-posts back together beside the cardboard, and arrange the houses as in Section 6 of Figure 5. Then proceed exactly as in Problem 2.

FIRST PART



SECOND PART

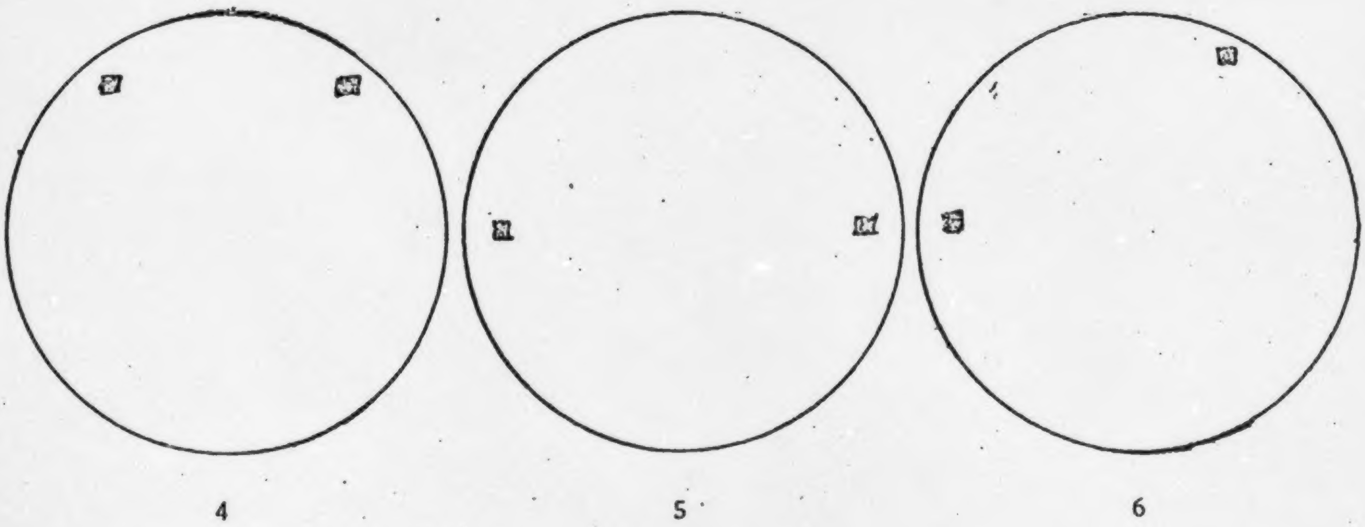


FIGURE 5 Bases (rectangular and circular) on which the subject must construct his straight lines in the Construction of a Projective Straight Line test. The small squares indicate the position of the miniature houses in each problem.

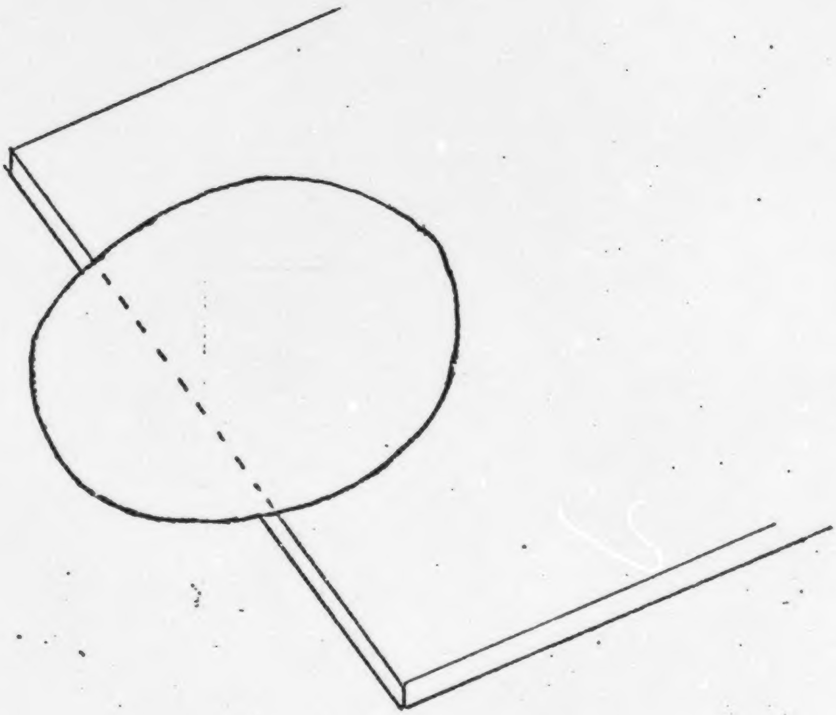


FIGURE 6. Arrangement of the circular base in problems 4, 5, and 6 of the Construction of a Projective Straight Line test.

APPENDIX F

OVERALL CLINICAL DOLL PLAY RATINGS

(a) Child's Attitude Towards Coming with Clinician:

1. Refuses to come.
2.
3.
4. Agrees to come but with no signs of distress or pleasure.
5.
6.
7. Comes eagerly, happily.

(b) Child's Comfort in Being with Clinician:

1. Extremely anxious to the point of leaving the session prematurely.
2.
3.
4. Neither distressed nor particularly pleased at being there.
5.
6.
7. Very happy to be in situation and would like to prolong as much as possible.

(c) Level of Involvement in Session:

1. Does nothing or is very repetitive in a listless, uninvolved fashion.
2.
3.

(Cont.)

(c) Level of Involvement in Session: (Cont.)

4. Moderate involvement and expressiveness.

5.

6.

7. Very active, interested, expressive use of session and/or material.

(d) Emotional Health-Pathology:

1. Themes expressed in play or way child uses session or relates to clinician are indicative of substantial disturbance (e.g., bizarre, destructive, infantile, regressed.)

2.

3.

4. Indications of emotional problems of consequence but also signs of strength and positive features.

5.

6.

7. Excellent emotional "health"; i.e., happy, content and making optimal use of cognitive and emotional capacities.

(e) Child Incorporates Clinician or is Self-Involved:

1. Pays no attention to clinician (i.e., acts as if clinician is not there.

2.

3.

4. Moderate incorporation of clinician or equal vacillation between ignoring and active incorporation.

5.

6.

7. Actively incorporates clinician as a viable and important part of the session.

APPENDIX G

DOLL PLAY DRAWING RATINGS

(a) Developmental Adequacy:

1. Grossly below normal: i.e., missing age-anticipated body parts, very poor organization and integration.
2.
3.
4. Average: Age-anticipated body parts present, reasonable organization and integration, reasonable subject matter.
5.
6.
7. Outstanding: Includes body parts advanced and beyone what is usually expected for age; organization, integration, and subject are much better than one would anticipate.

(b) Normality-Pathology:

1. Extremely pathological: Production is reflective of extensive emotional disturbance. This may include elements comparable to developmental inadequacy, but would in addition include aspects like bizarre or peculiar features or such pathological elements might even be seen in drawings deemed satisfactory on a developmental level. (Psychotherapy would be essential.)
2.
3.
4. Indications of moderate underlying emotional difficulties.
5.
6.
7. "Perfectly Normal": i.e., no signs of any pathological features.

APPENDIX H

DOLL PLAY STORY RATINGS

A. Attempt Made or No Attempt at All to Tell Story.

  a. Attempts.

  b. No attempt.

B. Attempts Spontaneous Story.

  a. Adequacy of Spontaneous Story:

    1. Extremely inadequate: Story is virtually incoherent, incomplete; i.e., no definable beginning, middle and end.

    2.

    3.

    4. Average: Makes fair sense but is not complete.

    5.

    6.

    7. Completely logical and sensible: Beginning, middle and end of story are clearly and reasonably defined.

  b. Creativity of Spontaneous Story:

    1. Unimaginative: Flat, sterile, devoid of any sense of inner "spark".

    2.

    3.

    4. Average: Material is not unique or highly distinguishing, but shows some imagination.

    5.

    6.

b. Creativity of Spontaneous Story: (Cont.)

7. Extremely creative: Story demonstrates very imaginative inner resources that result in highly individualistic creations.

C. Attempts Previously Heard Story.

a. Adequacy of Previously Heard Story:

1. Extremely inadequate: Essence of story is completely missing.
2.
3.
4. Average: General gist of story is captured, but organization and completeness is lacking.
5.
6.
7. Entirely complete: Entire essence of story is included in correct sequence, and with no important parts omitted.

b. Creativity of Previously Heard Story (within the context of completeness):

1. No idiosyncratic, self-initiated components are included.
2.
3.
4. Self-initiated, original elements are added to story, but without reflecting much in the way of creativity or enhancing the story significantly.
5.
6.
7. Creative enhancements are added to the story, in addition to a generally adequate rendition of the story.

APPENDIX I

GUIDE TO ASSESSMENT OF PARENT & CHILD MENTAL HEALTH

(To determine whether social work intervention is indicated for day care center applicant.)

Parent

I Nature of Ego Integration

A. Organization of self

1. General appearance and manner.
2. Response to arrangements for first interview
    a. Sense of time
    b. Ability to deal with forms and procedures
    c. Nature of transportation

B. Communication

1. Clarity of presentation: history, current situation, reasons for requesting service.
2. Any signs of speech dissociation, confusion, disorientation.
3. Appropriateness of affect (feelings, emotions)

C. Level of Functioning in the following areas (as revealed in descriptions and allusions):

1. Child rearing
2. Housing and homemaking
3. Employment
4. Recreation
5. Use of community resources

II Relationships (Nature and Quality)

A. Initial relating to social worker

B. Relationship with child (and other children in family) as revealed in descriptions, references, and pre-placement visits:

1. Affection, availability, sensitivity, communication, signs of rejection.
2. Response to separation:
    a. Does she permit child to move away while remaining available for his return?

   - b. Does she push away too quickly?
   - c. Does she hold on too long?

C. Experiences, affect, and perceptions in relation to:

1. Child's father
2. Former and present boyfriends
3. Own parents and siblings.

Child

I Family Background and Developmental History

A. Including possibly significant environmental influences (e.g. mental or physical incapacity of a parent; Grandparents or other relations as members of the household; poverty)

B. Including special traumatic situations (e.g. separations, divorce, death, accident, surgery, sexual trauma).

C. Illnesses

II Developmental Level

A. Nature of ego integration

1. Intactness or defects of ego apparatus (those senses such as sight, touch, etc. which serve perception, memory, mobility).
2. Intactness or deficiencies in ego functions (e.g. memory, reality testing, speech, control of mobility).

B. Relationships

1. Level and quality of the child's self-regard, self-esteem, sense of well-being.
2. Capacity to love others besides himself; age-adequate forms of give and take, constancy, and loyalty in relation to love objects.
3. Ability to separate from mother.

C. Defenses and Modes of Coping Under Stress

1. Frustration tolerance
2. Over-all response to anxiety or stress (such as separation from mother, aggression from other children, naptime).

3. Specific modes of coping (such as turning to caretaking person, temper tantrums, extreme inhibition, withdrawal, tic-like behavior, excessive eating, excessive aggression).
4. Aggressive expressions
   a. Nature and frequency
   b. Direction (i.e. more toward self or toward object world)
   c. Capacity for modulation of aggression (controlling, channeling).

Assessment of Need for Help (Parent and/or Child)

I Problem areas

A. Internal - possible pathology; nature and severity

B. External - environmental stresses and malajustments

II Type of Help Indicated (with reasons for selection)

A. Social Work Intervention

1. Therapy or child guidance oriented
2. Intensive and on-going, or problem-oriented and time limited.

B. Counseling by Center Director

C. Outside Resource - e.g. Family Service agency, Child Guidance Clinic, Mental Health Clinic, private therapist.